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Journal of Human Services Abstracts

VOLUME 7 NUMBER 1 JANUARY 1982

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Journal of Human Services Abstracts

VOLUME 7 NUMBER 1 JANUARY 1982

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Journal of Human Services Abstracts

PROJECT SHARE
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Rockville, Md. 20852
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Office of the Assistant Secretary for Planning and Evaluation
Department of Health and Human Services

Journal of Human Services Abstracts is published quarterly (January, April, July, October) by PROJECT SHARE.

PROJECT SHARE is operated by Aspen Systems Corporation, under DHEW Contract No. HHS-100-81-0052

PROJECT SHARE

A National Clearinghouse for Improving the Management of Human Services

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Preface

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The *Journal of Human Services Abstracts* is divided into four parts: the abstracts themselves, arranged in alphabetical order by author; an alphabetical list of corporate authors; an alphabetical list of documents; and a subject index. The index provides a timesaving guide to the abstracts by specific subject category. The categories will be listed alphabetically and will include cross-references between conceptually related index terms and cross-references from synonyms to the preferred terms. Specific numeric citations (sequential abstract numbers) will follow the preferred index terms. These are not to be confused with the document accession and ordering numbers which appear at the left of the last line of each citation (see example below).

Client referral
  155, 156, 187, 207, 290, 291
Client tracking methods
  See Integration-oriented keeping of client records
Clothing assistance services
  189
COG's
  See Councils of governments
College/university research centers
  194, 280
Colocation of services
  174, 187, 204
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  164
Communication mechanisms (interagency)
  See Interagency communication mechanisms
Community/agency relationship techniques
  See Agency/community relationship techniques

As can be seen, one document is relevant to at least two of the subject categories – abstract number 187.

(Sequential abstract no.) **187.** Pitts, Robert A.
Developing Generic Capability through Welfare Service Integration: Concepts, Alternatives, Limitations.
15 Sep 75, 59p Executive Summary available from PROJECT SHARE.
(Order number) **SHR-0000694** Available from NTIS, PC $8.00/MF $3.50.

In the above examples, we see that abstract 187, entitled *Developing Generic Capability through Welfare Services Integration: Concepts, Alternatives, Limitations,* was written by Robert A. Pitts, that the report was published September 15, 1975, that it is 59 pages long, and that it costs $ 8.00 for a paper copy (PC) and $3.50 for a microfiche (MF) copy. The availability statement indicates that it is obtainable from the National Technical Information Service. If the document were available from PROJECT SHARE or a private publisher, the statement would say "PROJECT SHARE" or give another source and the address. We also note that there is a 6- to 10- page *Executive Summary* of the document available from PROJECT SHARE. The actual abstract of the document would immediately follow these citation data.

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Abstracts

1. Accardi, Lori.
Erie County Dept. of Social Services, Buffalo, NY. Child Protective Services.
Opinion Survey of Child Protective Clients.
1979, 32p
SHR-0006226 Available NTIS PC $7.50/MF $4.00

This survey is an exploratory study of the protective client's perceptions of New York's Erie County Child Protective Services. Two hundred child protective parents, selected randomly from the child abuse registry of the Erie County Department of Social Services, were asked to respond to a mailed opinion survey which was designed to measure the level of perceived satisfaction of clients with services provided through Child Protective Services. The survey focused on obtaining such information as services received, services desired, demographic data, program satisfaction, and subjective impressions. The 36 respondents indicated interest in receiving additional support services, and provided a wide range of critical subjective comments. One respondent stated that caseworkers are needed who will understand the client's problems and talk about children. Another respondent expressed concern because her child appeared to be homesick. While no control group was used in the study, a comparison group was developed involving nine parents affiliated with Parents Anonymous, a self–help group for parents with abusive or neglectful behavior problems. Analysis of their responses to a questionnaire indicated significantly more dissatisfaction with Child Protective Services than was expressed by clients of the services. Further testing of the instrument and repetition of the survey are recommended. An appendix and 12 tables are provided in the study. (Author abstract modified).

2. Administration for Children, Youth, and Families, Washington, DC. Office for Families.
Off to a Good Start: A Resource for Parents, Professionals, and Volunteers.
Apr 81, 279p
SHR-0006878 Available from LSDS, Department 76, Washington, DC 20201.

This manual, intended for use by parents, volunteers, and professionals lists and briefly describes over 200 books, films, and other printed materials on a broad range of issues concerning children and human services. Subject areas include family and child care, foster care and adoption, parenting and parent education, special problem areas, child abuse and neglect, and legal issues. Other subject areas include approaches to counseling; social service research, development, and evaluation; information resources; volunteers; the juvenile justice system; and child advocacy. The section on family and child care includes resources on health, mental health, and families in crisis or change. The section on foster care and adoption describes information sources on minority children, children with special needs, older children, foster care and adoption program development and evaluation, and training for parents and workers. Resources on legal issues cover family court and related issues, juvenile justice, legislation and the handicapped child, custody, minority issues, foster care, adoption, and child abuse and neglect. Peer group counseling, family counseling, and self–help efforts are also described. Many of the information sources discuss alternative funding methods, administration, and evaluation. Most of the materials were issued between 1974 and 1979. For each resource, the title, author, source, funding, abstract, and availability information are provided. An index is also provided.

3. Administration on Aging, Washington, DC.
Report of the Interdepartmental Task Force on Information and Referral.
Dec 80, 20p
SHR-0006945 Available from Department of HEW, Office of Human Development Services, Administration on Aging, Washington, DC 20201.

3.

This report describes the activities conducted or sponsored by the Federal Government's Interdepartmental Task Force on Information and Referral and its member agencies during 1979 and 1980. The task force was created to improve communication between Federal agencies and older Americans by identifying available Federal information and referral resources and to develop an action plan to improve and coordinate such services. The task force is composed of 16 Federal departments and agencies, including the Administration on Aging, the Public Health Service, the Office of Information and Resources for the Handicapped, the Veterans Administration, and others. In April 1980, the Indiana Conference on Coordination of Information and Referral for Human Services was held. The conference was an outgrowth of efforts of the Federal task force. It fostered more effective coordination and collaboration of public and voluntary information and referral resources by involving agency policymakers and local legislators. Participants identified numerous barriers to service coordination in Indiana, including absence of identifiable information and referral providers, absence of stable funding, and competition among different groups for scarce resources. Participants recommended improved funding by both State and Federal sources and development of a coordinated statewide information and referral system. Many Federal task force agencies initiated special and / or short-term projects relating to information and referral during fiscal years 1979 and 1980. For example, the staff of the Administration on Aging's National Clearinghouse on Aging developed guidelines for making direct referrals of individual cases concerning elderly persons to Area Agencies on Aging when emergency assistance or intervention was deemed essential. Descriptions of other agencies' efforts and summaries of task force agencies' functions related to information and referral are provided.

4. Allard, Mary Ann; and Toff, Gail E.
George Washington Univ., Washington, DC. Intergovernmental Health Policy Project.
Current and Future Development of Intermediate Care Facilities for the Mentally Retarded. A Survey of State Officials.
Aug 80, 66p
SHR-0006457 Available from The Intergovernmental Health Policy Project, George Washington University, 1919 Pennsylvania Avenue NW, Suite 505, Washington, DC 20006.

Results are reported from a study that collected information on (1) the current status of intermediate care facilities for the mentally retarded (ICF / MR) in the 50 States, (2) the scope of planned ICF / MR networks projected for the future, (3) the key factors (economic, administrative, social, and political) facilitating or inhibiting these networks, and (4) the Federal policy and regulatory changes necessary to facilitate the development of such networks. A total of 42 States responded to the initial request for information, and telephone interviews were conducted in 39 States. Based on the number of States currently providing ICF / MR services (44), the response rate was about 89 percent. The report is divided into sections on descriptive analysis and issues for future development. The descriptive analysis section includes statistical tables highlighting that data. State-specific examples drawn from the open-ended questions are also included in the discussion, where appropriate. The final section provides an in-depth examination of pertinent issues emanating from the survey questions and results. The areas selected for closer scrutiny include quality assurance, planning, program obstacles, funding, and policy coordination. Appended are the survey background questions, statistics on the number of privately administered MR residential facilities, and a glossary of terms. Footnotes and charts are provided.

5. Ambrosius, G. Richard.
Iowa Lakes Area Agency on Aging, Spencer.
National Rural Strategy Conference to Improve Service Delivery to the Rural Elderly.
1979, 150p
SHR-0007003 Available from Iowa Lakes Area Agency on Aging, 2328 Highway Blvd., Spencer, IA 51301.

The proceedings of the National Rural Strategy Conference to Improve Service Delivery to the Rural Elderly, held January 28 through February 2, 1979, in Des Moines, Iowa, are presented. The primary objective of the conference was to address problems facing the providers of services to the aging in rural America and to develop strategies to improve service delivery. Work groups focused on seven areas that were identified as needing immediate attention: transportation, outreach, administration / management, housing, income / employment, health, and nutrition. In each area, key issues and problems were identified, objectives were delineated, available resources were noted, and strategies were recommended. In the area of transportation, the major issues addressed included Federal policy on transportation, safety, insurance, the coordination of rural transit with other social services, and section 504 of the Architectural Barriers legislation. Issues related to outreach included the need for outreach functions to be clarified by national regulations and the scarcity of resources for service referral. The work group for administration and management dealt with a number of issues, among which were staffing and training and the lack of financial resources. In the area of housing, a work group drew up a 13-point resolution detailing strategies for the betterment of housing for the elderly. The income and employment work group considered such issues as disincentives for older persons to work and limited job opportunities. Issues relating to the area of health and nutrition included the continuum of home care and nutritional-service quality in facilities for the aged. Among the other topics considered were a definition of "rural" and a proposed National Coalition of Rural Elderly. Appendices include lists of participants, selected speeches, background information, and a conference evaluation. Preparations for the conference are reviewed, and an agenda is provided. Background and proceedings of the conference in Des Moines, Iowa, January 28-February 2, 1979.

6. American Public Welfare Association, Washington, DC.
Study of Purchase of Social Services in Selected States.
17 Mar 81, 120p
SHR-0007394 Available from American Public Welfare Association, 1125 Fifteenth Street, Suite 300, Washington, DC 20005.

Findings are reported from a study designed to identify and analyze factors influencing decisions to purchase social services from private service providers in Arizona, Colorado, New Hampshire, South Carolina, and Wisconsin. Subsidiary study objectives were to (1) develop profiles of the methods of service provision for 42 services reported under the Social Service Reporting Requirements for fiscal year 1978 and (2) examine the administrative and political environment of the study States with reference to purchase of social services. To obtain service-specific information and make cross-service analysis possible, six services were selected for attention: counseling services, employment services, family planning, homemaker services, legal services, and transportation. Much of the study's information was obtained from personal interviews with administrators and program managers and from the administration of questionnaires between November 1980 and February 1981. Findings show differences in perceptions between agency administrators and program managers regarding factors influencing the purchase of social services. Agency administrators tend to view political factors as having a strong influence on purchase of service decisions—factors such as a freeze on hiring of staff, political pressures from private service providers, availability of private donated funds, and pressures from other public agencies to purchase certain services from the private sector. Program managers, on the other hand, did not mention political factors as affecting purchase decisions. Their responses did not reveal any single factor or cluster of factors as having high influence on purchase decisions. The study has confirmed the widely held notion that purchase of service decisions are the result of interactions between many factors and actors involved in each situation. No single factor or actor has been revealed as having a consistently strong influence on purchase of service decisions. Study instruments and tabular data are appended. (Author abstract modified).

7. Anderson, Nancy N.; Patten, Sharon K.; and Greenberg, Jay N.
Minnesota Univ., Minneapolis. Hubert H. Humphrey Inst. of Public Affairs.
Comparison of Home Care and Nursing Home Care for Older Persons in Minnesota. Appendix.
Jun 80, 737p Executive Summary available from PROJECT SHARE.
SHR-0005471 Available NTIS PC $49.50/MF $4.00

This volume contains the research instruments and data forms used during a 4-year Minnesota study comparing approximately 550 clients of 7 home-nursing or homemaker agencies with approximately 450 residents of 11 nursing homes. These instruments fall into six catagories: client contact materials and consent / release of information forms, client interview schedules, health assessment schedules, client data from providers and records, services / cost data collection forms, and income transfer data forms. See also related documents, Volumes 1 and 2, SHR-0005472; Volume 3, SHR-0005470.

8. Anderson, Nancy N.; Patten, Sharon K.; and Greenberg, Jay N.
Minnesota Univ., Minneapolis. Hubert H. Humphrey Inst. of Public Affairs.
Comparison of Home Care and Nursing Home Care for Older Persons in Minnesota. Volume Three. Summary.
Jun 80, 168p Executive Summary available from PROJECT SHARE.
SHR-0005470 Available NTIS PC $15.00/MF $4.00

This document is the executive summary of a Minnesota study comparing characteristics of persons currently using home care and nursing home care and the services received in each setting. Data on about 550 clients of 7 home nursing or homemaker agencies and about 450 residents of 11 nursing homes were used to determine the effects of the treatment setting on service utilization. The study was conducted in Hennepin, Olmsted, and Ramsey counties. The home care agencies included governmental public health nursing agencies, nonprofit agencies, and a proprietary home care agency. The following aspects of home care and nursing home care were investigated: (1) characteristics of persons using each type of long-term care setting; (2) services in each setting; (3) long-term care costs in each setting; (4) well-being of clients; and (5) public income transfer benefits for each set of clients. In comparison with home care clients, nursing home residents were older, less likely to be female, less likely to be married, and more likely for the household head to have had a white collar occupation. On almost all of the dimensions of functioning, the home care sample was less incapacitated than the nursing home sample. On the average, residents of skilled nursing facilities and intermediate care facilities used significantly more of each core service—case management, mental health and special education, personal care, homemaking, and nursing procedures—than did home care clients. Of the home care sample, 78 percent received informal care consisting of unpaid help from family and friends. The proportion of home care clients satisfied with living arrangements was significantly greater than the proportion of nursing home residents. Although medicaid–eligible respondents in both settings benefited from the public income transfer system, nursing home residents benefited to a much greater extent. The Federal Government currently provides a lower proportion of the overall nursing home expenditures than it does of the home care expenditures. Tabular data, chapter references, and a detailed table of contents are provided. (Author abstract modified). See also related documents, Volumes 1 and 2, SHR-0005472; Appendix, SHR-0005471.

9. Anderson, Nancy N.; Patten, Sharon K.; and Greenberg, Jay N.
Minnesota Univ., Minneapolis. Hubert H. Humphrey Inst. of Public Affairs.
Comparison of Home Care and Nursing Home Care for Older Persons in Minnesota. Volumes One and Two.
Jun 80, 757p Executive Summary available from PROJECT SHARE.
SHR-0005472 Available NTIS PC $51.00/MF $4.00

This two–volume set contains a Minnesota study comparing characteristics of persons currently using home care and nursing home care and the services received in each setting. Data on about 550 clients of 7 home nursing or homemaker agencies and about 450 residents of 11 nursing homes were used to determine the effects of treatment setting on service utilization. The study was conducted in Hennepin, Olmsted, and Ramsey counties. The seven care agencies included governmental public health nursing agencies, nonprofit agencies, and a proprietary home care agency. The following aspects of home care and nursing home care were investigated: (1) characteristics of persons using each type of long–term care setting; (2) services in each setting; (3) long–term care costs in each setting; (4) well–being of clients; and (5) public income transfer benefits for each set of clients. In comparison with home care clients, nursing home residents were older, less likely to be female, less likely to be married, and more likely for the household head to have had a white–collar occupation. On almost all of the dimensions of functioning, persons in the home care sample were less incapacitated than those in the nursing home sample. On the average, residents of skilled nursing facilities and intermediate care facilities used significantly more of each core service—case management, mental health and special education, personal care, homemaking, and nursing procedures—than did home care clients. Of the home care sample, 78 percent received informal care consisting of unpaid help from family and friends. The proportion of home care clients satisfied with living arrangements was significantly greater than the proportion of nursing home residents. Although medicaid–eligible respondents in both settings benefit from the public income transfer system, nursing home residents benefited to a much greater extent. The Federal Government currently provides a lower proportion of the overall nursing home expenditures than it does of the home care expenditures. Tabular data and chapter reference lists are provided. (Author abstract modified). See also related documents, Volume 3, SHR-0005470; Appendix, SHR-0005471.

10. Angell, Stephen L.; and Mansfield, Frances.
Polytypic Enterprises, Inc., Clanton Corners, NY.
Study of the Foster Care Program, Mecklenburg County Department of Social Services. Report of the Council for Children.
Sep 80, 47p
SHR-0006512 Available from United Community Services in Mecklenburg and Union Counties, 301 South Brevard Street, Charlotte, NC 28202.

The objective of this foster care study was to determine the effectiveness of services to children in Mecklenburg County, N.C., who are at risk of being placed in substitute care or who have already been placed in foster care. Data

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were obtained from (1) demographic information regularly collected by various governmental and private sources, (2) a census of the foster care caseload of the Department of Social Services (DSS) developed through confidential reviews of case records and direct interviews with foster parents, and (3) community responses to both a questionnaire sent out to human service agencies and personal interviews. Data from the case records and interviews with foster parents were collected by every third case record in the child welfare caseload and every third foster parent in the DSS foster parent roster. The study found that while public assistance has greatly decreased dependency as the reason for children needing outside placement, it is still a major reason for children entering foster care. The study recommends that the DSS implement permanency planning for all children in its care; that DSS staff recruitment, training, and development be modified; and that recruitment, training, and retention of good foster homes and care facilities be improved. Additional recommendations cover case management, courts, public relations, youth diversion, family therapy, day care, the DSS homemaker project, and an early identification pilot project. Seven footnotes are included. Two appendices contain statistical tables and the DSS organizational charts. (Author abstract modified).

11. Argust, Tom.
Monroe County Dept. of Social Services, Rochester, NY.
Preventive Services in Monroe County: A Three Year Plan. The Report of the Title XX Task Force on Preventive Services.
Mar 81, 42p
SHR-0007159 Available from County of Monroe, Department of Social Services, 111 Westfall Road, Rochester, NY 14620.

A 3-year plan for reducing the numbers of children entering foster care in Monroe County, N.Y., is presented, along with recommended methods of improving the planning process for preventive services regarding children and families. The plan is part of an effort initiated in 1980 to develop a comprehensive and coordinated planning effort related to title XX of the Social Security Act. A preventive services task force, set up on October 8, 1980, was to agree on an operational definition of preventive services, develop a common data base of clients and services, identify major problem areas, and recommend ways to deal with the identified problems. The task force agreed that the State's definition of prevention was too narrow in that its major focus appeared to be remediation. An alternative definition, which gave more emphasis to primary prevention, was recommended. The task force took a systems approach to prevention and examined three major areas that tend to place the greatest numbers of youth into foster care. These areas are social services foster care, juvenile justice, and mental health. Although time limits prevented detailed examination of the mental health system, for each of the other areas background data, major issues related to averting or shortening out-of-home placements, goals, and recommendations were developed. For example, it was found that about 600 children enter foster care from Monroe County each year; four-fifths enter through the county Department of Social Services. To establish a variety of preventive services to reduce the number of children entering foster care by 30 percent, it was recommended that family counseling programs in voluntary agencies be expanded, counseling be coordinated with day care centers that have preventive services clients, and crisis counseling and other emergency services that are immediately accessible be developed. For each recommendation, the implementing agency, the implementation deadline, and the funding source are identified. Issues and recommendations concerning planning, coordination, and funding are also provided. Appendices list task force members and present flow charts depicting the present system and related information. Footnotes are included.

12. Arizona Univ., Tucson. Long-Term Care Administration Program.
Arizona Long Term Care Study.
30 Jun 80, 108p
SHR-0006679 Available from Univ. of Arizona, College of Business and Public Administration, Dept. of Public Policy, Planning and Administration, Tucson, AZ 85721.

This report addresses five major issues: the geographical distribution of long-term care resources and need for such resources in Arizona, the demographic and impairment characteristics of the State's long-term care population, existing reimbursement patterns for long-term care, the extent of inappropriateness in level-of-care placements in institutional settings, and the prospects for increasing use of noninstitutional alternatives, such as case management and adult foster care in provision of long-term care. With regard to long-term care, Arizona faces escalating costs, limited accountability standards, and sociodemographic trends that will continue to increase demand for long-term care services. The size of the high-risk population (those 75 years or more in age) can be expected to roughly double over the next 20 years. Although the long-term care industry has demonstrated its ability to grow rapidly in response to demand, it may be neither economically nor politically feasible to continue public subsidies of the necessary expansion, particularly in institutional capacity. Rural areas in Arizona already show signs of resource shortages, particularly in skilled nursing capacity. In urban areas, resource shortages often are associated with idiosyncrasies of nursing home management; e.g., patient selectivity to ensure profit. The major thrust of policy innovation in long-term care has been in the direction of developing noninstitutional alternatives, particularly case management systems, such as the Community Services System of Pima County. Although data analyzed herein support the case for efforts to improve consistency in level-of-care assignment decisions, it appears that significant cost reductions cannot be achieved by these means, since about as many patients receive undercare as overcare. However, both from a standpoint of providing proper and humane treatment to those who are receiving inadequate care and from the standpoint of efficiency in maximizing patient well-being at a fixed cost, this problem should continue to be investigated.The development of meaningful utilization review and regulatory legislation should be a high priority. Extensive tables, appendices, and a bibliography are provided in the report. (Author abstract modified).

13. Arling, Greg; and Romaniuk, Jean Gasen.
Virginia Center on Aging, Richmond.
Final Report of the Task Force on Gerontology in Higher Education.
31 Jul 80, 80p
SHR-0007677 Available from Virginia Center on Aging at Virginia Commonwealth University, Richmond, VA 23284.

This final report of the Statewide Task Force on Gerontology in Higher Education makes recommendations regarding gerontology programs at Virginia colleges and universities. Specifically, the report identifies the knowledge and skills necessary for a basic background in gerontology and for employment in some capacity serving the aged. Recommendations are also offered on the types of organizational arrangements appropriate for gerontology programs, such as the types of degrees offered and the administrative structures for gerontology degree programs. Gerontology education organizational issues discussed are organizational viability (whether the program can be maintained, receive administrative and financial support, and be modified to adapt to changes in knowledge and skill requirements); curriculum planning and administration; faculty preparation and commitment; student interest and commitment; educational level (level at which the gerontology degree is most appropriate); and employment (job opportunities for a person

13.

with a gerontology degree). The methodology the Task Force used to generate educational programs is described, from initial brainstorming in subcommittees devoted to different subject areas to development of content objectives for 43 courses in the areas of administration and planning, community services and social sciences, health, and mental health. In addition, the educational program classifications that the Task Force developed after assessing current job classifications in gerontology are presented. The concluding chapter summarizes public comment on the report. Appended is a chart showing the job titles and educational levels for various general job classifications in gerontology. The bibliography contains 17 listings. Report to the State Council of Higher Education in Virginia and the Virginia Office on Aging. Public Policy Series, no. 2.

14. Ashbaugh, John W.; Hoff, Maryann K.; Bradley, Valerie J.; and Reday, Michele.
Human Services Research Inst., Washington, DC.
Assessing the Needs of the Community Support Program Target Population: Selected Methods for National and State Application.
31 Oct 80, 232p Executive Summary available from PROJECT SHARE.
PB81-118655 Available NTIS PC $19.50/MF $4.00

The results of a review of Community Support Program (CSP) needs assessment activities and of a wide variety of needs assessment data sources relevant to the mentally disabled population treated by CSP are reported. Needs assessment is defined and the characteristics of this technique are identified. Techniques applicable to CSP programs are considered and data sources applicable to needs assessments of CSP activities at the State and national levels are discussed. The report also considers constraints and requirements applicable to CSP needs assessment methodologies, and relates them to strategies in use. Techniques which should be applied to national-level assessments are detailed including analyses of Supplemental Security Income, Social Security Disability Insurance, 1978 Survey of Disability and Work, and 1976 Survey of Income and Education data to estimate demographic characteristics. Recommendations for State-level assessments include generating State estimates of the size of the target population based on national data extrapolations, and institution-based, service provider, client, and key informant surveys to gather information about client populations and characteristics. CSP reports and literature are reviewed to identify needs assessment data characteristics and to describe the use of needs assessment data by CSP States. Tabular data are provided, and appendices include selected needs assessment instruments, sources of further information about techniques and data, a 26-item list of CSP reports, and a bibliography consisting of about 390 items.

15. Ashby, Sylvia; and Bensberg, Gerard J.
Texas Tech Univ., Lubbock. Research and Training Center in Mental Retardation.
Cooperative Occupational Preparation of the Handicapped: Exemplary Models.
1981, 390p
SHR-0007169 Available from Research and Training Center in Mental Retardation, Box 4510, Texas Tech University, Lubbock, TX 79409.

Exemplary model programs of occupational preparation of the handicapped are presented whose cooperative efforts with other agencies regarding vocational rehabilitation, special education, and vocational education have been successful. Programs were selected on the basis of their high quality in the vocation / career education program offered; exemplary interagency cooperation and coordination in programming, involving special education, vocational rehabilitation, and vocational education; functioning at the local level even if a statewide system is in effect; being replicable; including the severely handicapped; providing a continuum of range of services over the later school years and transition into employment; and serving youths approaching the age for vocational rehabilitation eligibility (age 13 to 18). Ten exemplary programs varying in size and budget and from various parts of the country are described. The major finding from the study is that any community can develop a comprehensive vocational preparation and job placement program for the handicapped. The essential element present in all the programs was the employment of a dynamic leader convinced that social and vocational competence should take precedence over other education objectives. One characteristic of the exemplary programs is their emphasis on a competency–based curriculum. Most have developed a detailed listing of all of the skills and knowledge required to perform a particular job. Separate sections are devoted to discussions of curriculum development in career education and vocational evaluation of the handicapped. Recommendations are offered. Appended are summaries of State agreements, nomination materials, sample forms from programs, and a list of members of the advisory committee and consultants. Over 60 references and a list of bibliographies in vocational evaluation are provided. Diagrams and charts are also given.

16. Bauer, Katharine G.
Robert Wood Johnson Foundation, Princeton, NJ.
Improving the Chances for Health: Lifestyle Change and Evaluation.
Mar 81, 187p
SHR-0007582 Available from National Center for Health Education, 211 Sutter Street, Fourth Floor, San Francisco, CA 94108.

Current efforts to improve health through lifestyle change and health evaluation are discussed. The first major section focuses on suspected precursors of disease attributable to lifestyle factors that are usually within the individual's own power to eliminate or minimize. The epidemiology of risk factors, the diagnosis of risk in individuals, and means of encouraging people at risk to adopt habits that will increase their chances for health are considered. Prevention activities underway in various national and regional groups and organizations are reviewed, and the issue of where future responsibility for leadership in prevention may lie is considered. The second major section deals with the use of the health care system to detect early manifestations of reversible diseases or abnormalities and provide counseling. Some recent attempts to improve the efficiency of periodic health evaluation of apparently well people are reviewed. Also considered are proposals for lifetime health monitoring and counseling suitable for physicians' office–based practices and organized ambulatory care settings, screening, and special health evaluation units in selected health maintenance organizations. The final section identifies research needs and presents conclusions. Already acquired knowledge must be disseminated promptly and then translated into actions that benefit more people. Also, the pace of biomedical, epidemiological, and behavioral research must be sustained or improved to close the many gaps in knowledge that still hamper the effective prevention of the diseases that pose the major threats to the health of the U.S. population in the 1980's. Exhibits of relevant information and footnotes are provided. (Author abstract modified).

17. Brennan, Kathleen; and Clark, Gary.
George Washington Univ., Intergovernmental Health Policy Project, Washington, DC.
Coordination of Regulatory Authority, Data Collection and Planning Efforts at the State Level.
2 May 80, 11p
SHR-0006663 Available from Intergovernmental Health Policy Project, Suite 505, 1919 Pennsylvania Avenue NW, Washington, DC 20006.

17.

Results are described of a project which conducted a search of State certificate–of–need (CON) laws to determine the existence of provisions mandating coordination of planning and data functions among various agencies in State government. The project also conducted a telephone survey of officials in 13 States to determine actual relationships (California, Colorado, Connecticut, Illinois, Maryland, Massachusetts, Minnesota, New Jersey, New York, Rhode Island, Virginia, Washington, and Wisconsin). There is some evidence that States are moving toward consolidating their data collection and coordinating their planning programs. Nonetheless, there is little evidence that States are moving toward actually combining regulatory functions (e.g., CON, rate control, medicaid, licensing) within a single agency. There is generally very little cooperation by professional standards review organizations (PSRO's) with State health planning or other regulatory agencies. This is especially true in California, Colorado, Connecticut, and New York. Health systems agencies (HSA's) in particular, but also some State health planning agencies, are not very adept at using information gathered by rate–setting agencies in the CON process. State officials agree that HSA's simply do not have personnel who are sufficiently trained in financial analysis and data management to use cost information meaningfully. Coordination of various State plans (most of which are required by Federal law), has not proceeded well despite various State and Federal mandates. In fact, few States coordinate their licensure and survey functions with either health planning or cost review activities in any significant way. The most prevalent example of attempts at sharing and cooperation among various State agencies is joint membership on various boards and task forces. There is a general recognition among most State officials of the need for better coordination of regulatory functions and better sharing of data. With a few notable exceptions in New Jersey and Washington, however, meaningful coordination is not going to be realized in less than 5 to 10 years. (Author abstract modified).

18. Bureau of Health Planning, Hyattsville, MD.
Health Planning Program: Citizens Planning for Local Needs.
Sep 80, 32p
SHR-0006484 Available from Health Systems Agency/NYC, 111 Broadway, New York, NY 10006.

This booklet presents a detailed account of the development and implementation of the National Health Planning and Resources Development Act of 1974, which was signed into law in January 1975. In general, health planning is aimed at making the health care system more effective and efficient. By creating a nationwide system of local and State health planning agencies, this landmark legislation put health planning into the communities and set in motion a process that lets the need for health facilities and health services be determined by the people who are to be served. To achieve its goals of moderating health care costs and improving access to quality health care, the health planning program works through the efforts of volunteer and staff members in a network of local Health Systems Agencies, State Health Planning and Development Agencies, and Statewide Health Coordinating Councils. For planning purposes, the Nation has been divided into 204 health service areas served by Health Systems Agencies which gather and analyze data and then develop short–range and long–range plans for agency action to improve the area's health care system. Each State Health Planning and Development Agency conducts health planning activities at the State level and submits the plans to the Statewide Health Coordinating Councils for approval. The State Health Planning and Development Agency serves as the designated agency in States conducting capital expenditure reviews under Section 1122 of the Social Security Act. Authority is granted for four types of reviews: certificate of need, capital expenditure, appropriateness, and proposed uses of Federal health funds. The health planning law lists 17 national health priorities for planning at the national, State, and local levels, emphasizing cost containment and competition in the allocation of health services. In addition, a National Council of Health Planning and Development was established to consult with the Department of Health and Human Services on the development of national guidelines for health planning, administration of the planning program, and evaluation of the implications of new medical technology. A graphic illustration of funding for health planning, sources of health planning information, and a list of regional offices are provided.

19. California Advisory Council on Vocational Education, Sacramento.
Coordinated Approach in Delivering Comprehensive Vocational Services.
Sep 78, 16p
SHR-0007264 Available from California Advisory Council on Vocational Ed., 1900 S. St., Sacramento, CA 95814.

A coordinated approach for developing comprehensive vocational services throughout California is presented. To achieve a coordinated approach to the delivery of vocational and occupational training services, the California Advisory Council on Vocational Education has set the following objectives: to improve the coordination of vocational training programs and services, to improve the occupational training system, to improve the use of available resources for occupational and training services, and to improve the data base for vocational training programs. This guide reviews delivery system capabilities, staff expertise, and the program planning and development phases in establishing a concerted and integrated program. It also suggests the potential for professional development programs, exemplary programs, and supportive services. The approach to maximize coordination is based on mutual agreement between employment and training program operators and vocational educators to focus on improving program performance, ways to enhance program services, and ways to preserve program strengths. Acknowledging the commonalities of services which could be provided by the various employment and training programs, the challenge to the operators, managers, and administrators is to make the delivery systems complementary rather than duplicative. With the available staff capabilities and the creative use of resources, innovative techniques could be developed in forming training consortiums to share experiences and expertise. The program planning and development approach could guide the network in meeting unmet needs, and professional development programs could improve the organization's responsiveness and effectiveness by upgrading the skills and capacities of the staff. The use of discretionary and exemplary programs could be the first step in coordinating an integrated employment and training delivery system at the local level. Supportive services could provide vocational education training and services to participants who otherwise could not benefit from the programs. Flow charts are included.

20. California State Dept. of Social Services, Sacramento.
Work Plan for the Implementation of the Centralized Delivery System: Statewide Public Assistance Network: A Project to Centralize the Delivery of Public Assistance Benefits in California.
Jun 80, 56p
SHR-0007257 Available from Department of Social Services, Publication Unit, 744 P St., Sacramento, CA 95815.

A detailed work plan is presented for the implementation of California's Statewide Public Assistance Network (SPAN), a centralized delivery system to enhance the administration of public assistance programs. The State's programs serve approximately 1.9 million needy residents and deliver about $2.6 billion per year in cash and other benefits. SPAN's objectives are to provide prompt and accurate verification of eligibility; accurate computation and timely disbursal of benefits; equitable, timely, and consistent treatment of recipients; and a reduction of administrative complexity. It also aims to enable strict enforcement of management and fiscal controls, the collection of management information, increased fraud prevention and reductions in duplicate payments, and increased responsiveness to program requirements. The development of the system has already begun for the following public assistance programs: Aid to Families with Dependent Children, food stamps, Medi–Cal eligibility, aid for the adoption of children, special adult programs, and social services and child support enforcement programs. Any county may elect to contract with the State for the determination of benefits for other public social service programs. SPAN will utilize a central computer system supporting terminals in all 58 counties; when fully implemented, it will be one of the largest systems in support of public assistance programs operated in the United States. Sections of the report focus on system functions, dates for the assumption of these functions, equipment and administrative costs, system impact on program administration, data confidentiality, and recommendations for necessary legislative changes to implement the system. A glossary is included. Report to the Legislature.

21. Chibucos, Thomas R.
Toward Broader Conceptualization of Child Mistreatment.
1979, 72p
SHR-0006915 Available from Human Sciences Press, 72 Fifth Avenue, New York, NY 10011.

The collection of articles views child abuse in a broad perspective by presenting data, theory, and program ideas from different areas of the behavioral sciences. The first article includes a theoretical framework for understanding child mistreatment. Abuse is considered to be the result of multiple interacting influences including social patterns. Next, the relative efficacy of the epigenetic and social network models of social development are put to empirical test by examining the relationship between inadequate attachment relationships and subsequent peer interaction. A third article investigates the nature and functions of social networks and early child rearing. A further article focuses on the premise that child abuse is most likely to occur when socially isolated parents react impulsively to aversive stimuli emitted by their children. Another article applies to the transactional–developmental approach to a prospective study of child maltreatment. Several factors, including maternal background, infant constitution, mother–infant interaction, and maternal perception of child temperament are used to predict child maltreatment. An additional paper presents a case model for linkage of social service delivery programs with the prevention and detection of child abuse. The concluding contribution explores the social and institutional forces which permit child abuse. Figures, tables, and reference lists for each article are provided. Infant Mental Health Jnl., v1 n4 Winter 1980 (special issue).

22. Civic Action Inst., Washington, DC.
Children's Advocacy.
Oct 79, 12p
SHR-0004964 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

This neighborhood action guide on children's advocacy is illustrated through discussions of two local councils for children in Massachusetts: the Bayside Council for Children which serves four Boston neighborhoods, and the Cambridge Council for Children which serves one municipality—Cambridge, Mass. The basic responsibilities, organization, and staff and funding of the councils are described and their goals and strategies outlined. For example, the Bayside Council's 10–week training program for neighborhood Parents Anonymous sponsors and the Cambridge Council's evaluation of community services for adolescents are described. Specific working committees or task forces such as the Cambridge Child Abuse and Neglect Committee are also discussed, as well as specific objectives of such groups. The guide emphasizes the importance of studying problems carefully, using public forums and workshops to broaden participation, and using events to stimulate action. In Cambridge, the tragic death of an abused young child and the establishment of a statewide child abuse hotline underscored the need for a comprehensive reporting system. The guide also gives some lobbying suggestions, based on work done by the councils, and discusses specific neighborhood activities to sponsor, the retraining of service provider personnel, and the development of new kinds of services such as the Comprehensive Emergency Services established in Cambridge. A list of four national organizations for advocacy and information is included. See also related documents SHR-0004954; SHR-0004955; SHR-0004957—SHR-0004963; SHR-0004965.

23. Civic Action Inst., Washington, DC.
Combating Housing Abandonment.
Oct 79, 24p
SHR-0004962 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

This neighborhood action guide describes the course of housing abandonment, the difficulties it causes, and the problems posed by having the city as landlord. A suggested community response is outlined with the warning that citizens who adopt it should be prepared for a long, arduous struggle. The strategy of Adopt–A–Building, developed in the Lower East Side of New York City, is described, and the necessary staff and governing structure, the role of community organizers and building and block organizations, and such components as staff training and town meetings are outlined. The guide gives suggestions on learning from existing housing problems and from the experience of other groups. It describes programs for occupied buildings in the areas of community management, repairs, the development of a temporary interim leasing program, de facto tenant management, and the use of administrators to replace private landlords. Programs for vacant buildings cover sweat equity urban homesteading and the Eleventh Street Movement ("El Movimiento Calle Once"). Energy conservation, including the use of a city windmill on a five–story tenement, and the growth of an energy task force are described. Housing authority rehabilitation and the Section 8 Demonstration Rehabilitation Program, the sealing up and future use of vacant buildings, and funding sources are also detailed. Photographs are included. See also related documents, SHR-0004954; SHR-0004955; SHR-0004957—SHR-0004961;SHR-0004963—SHR-0004965.

24. Civic Action Inst., Washington, DC:
Community Land Bank and Land Trusts.
Oct 79, 16p
SHR-0004959 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

Drawing on a study of the Southeast Land Bank in Baltimore, Md., this neighborhood action guide describes the bank's experiences as background for starting a community land bank. Neighborhoods can use community land banks to acquire ownership of strategic properties, usually with absentee owners, and sell them to persons who will occupy them. Community land banks can be used to upgrade deteriorated properties and eliminate blight, to transfer ownership to someone who will improve and maintain the property, and to help residential tenants purchase their own properties. Generally, a community land bank functions in the form of a private nonprofit corporation and needs a strong, experienced, and stable organization with capable leadership and with policy control held by the residents or their representatives. Readily available funds and different kinds of financing are essential. In acquiring property,

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such factors as eliminating blight, feasibility and cost of rehabilitation, and environmental conditions should be considered. Banks, therefore, have to decide whether to rehabilitate deteriorated properties or to sell them without improvements. Further, land bank properties should be marketed aggressively. Other considerations include financing sales and rehabilitation, relocating tenants without causing economic hardship, and maintaining a strong support staff. Steps for forming a neighborhood land trust and funding sources for a land bank are given. See also related documents, SHR-0004954; SHR-0004955; SHR-0004957, SHR-0004958; SHR-0004960—SHR-0004965.

25. Civic Action Inst., Washington, DC.
Forming Housing Cooperatives.
Feb 80, 16p
SHR-0004960 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

Based on a case study of a housing cooperative in Silver Spring, Md., this neighborhood action guide describes the formation, operation, and benefits of a housing cooperative, a device to provide people with the best possible housing at the lowest possible cost. To change an apartment house into a cooperative, a strong tenant association, representative leadership, tenant support, resident policy control, and constant communication are needed. Financial benefits of cooperatives include lower rents, a lower vacancy loss reserve, tax benefits, lower or minimal maintenance costs, and the possibility of a modest equity increase upon resale. Tenants forming housing cooperatives should establish clear goals and realistic objectives and should retain consultants for technical advice. Steps for acquiring and rehabilitating the property include obtaining the owner's option, securing funding for purchase and rehabilitation, and funding for cooperative financing. Some rehabilitation required by the lending institution may be necessary. The elective board of directors must set policy for the operation of the cooperative; committees should be formed for such areas as finance, building and grounds, and social activities, and the board should decide on an operating budget. The guide provides HUD information on multifamily rental housing for low–income and moderate–income families and further information about cooperatives. Answers to questions about cooperatives and a breakdown of county financial support for the Silver Spring cooperative are provided. See also related documents, SHR-0004954; SHR-0004955; SHR-0004957—SHR-0004959; SHR-0004961—SHR-0004965.

26. Civic Action Inst., Washington, DC.
Housing Rehabilitation.
Jan 80, 12p
SHR-0004961 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

This action guide on neighborhood rehabilitation concentrates on Kansas City, Missouri's Westside Housing Conservation Program (WHCP), a housing rehabilitation project serving low–income and moderate–income persons southwest of Kansas City's central business district. Because of interstate highways running through the area, thousands of residents were displaced and social and political cohesion were destroyed. The neighborhood's efforts to survive and become revitalized illustrate what can be done when a community is unified. The following are necessary elements in rehabilitating a neighborhood: (1) the neighborhood must assert itself to be saved (organizing citizens and overcoming government centralization); (2) the organization must be resident controlled; (3) housing rehabilitation must be undertaken, with the methods varying according to the needs of the particular neighborhood; and (4) other neighborhood improvement activities should be initiated, such as an emergency repair program, new construction program, and a weatherization program. Other requirements for successfully rehabilitating a neighborhood include getting a qualified staff with varied skills, obtaining technical assistance, and overcoming problems as they arise. The guide includes drawings, tables, and a map. See also related documents, SHR-0004954; SHR-0004955; SHR-0004957—SHR-0004960; SHR-0004962—SHR-0004965.

27. Civic Action Inst., Washington, DC.
Neighborhood Services for the Aging.
Oct 79, 16p
SHR-0004963 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

This booklet provides suggestions for efficient neighborhood services for the elderly to enable older people to live full lives and avoid premature institutionalization. Objectives include using elderly as volunteers in the planning of these services; developing a support system in the community for funding, finding volunteers, and discovering older people in need; and providing a program that adds educational and recreational stimulation along with services in the home. Other objectives include teaching methods for volunteers and publicizing the program. The organization needs a governing body representing both the elderly and the community, a strong staff, and community support. The program should reach out to the elderly, both for needs determination and service delivery, and the staff and volunteers should pay regular visits to individual homes. Telephone contacts are also important; if the older person does not call or does not answer the phone, then a visit should be made. The program can also deliver hot meals, help with home repairs and household chores, supply health care in the home, and provide transportation, information, referrals, advocacy, and senior center activities. Keys for a strong program include a basic funding system and the training of volunteers. The booklet includes a list of national organizations in the field of aging and gives examples of ongoing programs in Georgia; Washington, D.C.; Illinois; and Kansas City, Mo. Federal funding is available to all 50 States on a population formula from the Administration of Aging of the Department of Health, Education, and Welfare. See also related documents SHR-0004954; SHR-0004955; SHR-0004957—SHR-0004962; SHR-0004964; SHR-0004965.

28. Civic Action Inst., Washington, DC.
Neighborhood Food Programs.
Oct 79, 16p
SHR-0004965 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

Neighborhood food programs help the aging and other low–income persons obtain nutritious meals at low cost. This action guide on neighborhood food programs emphasizes the activities of Operation Brotherhood, a Chicago, Ill., neighborhood organization serving the needs of the elderly and physically handicapped. Food–related programs of Operation Brotherhood include wholesale buying and selling, food production in an outdoor garden and a greenhouse, delivering meals to homes, and distribution of food packages. Hints on buying food for a neighborhood program cover storage, comparative shopping, direct purchase from farmers, cooperative clearinghouses, and pick–your–own farms. Methods of obtaining surplus food are explained, as well as detailed directions on growing food in outdoor gardens and in greenhouses. Sources of food sales at modest prices to low–income and disabled persons are examined, including nonprofit food stores and mobile grocery stores. The guide also describes several approaches to serving hot meals to elderly persons, both in a central facility and in their own homes. Finally, offering free food in emergency situations is described, including the Special Supplemental Food Program for Women, Infants, and Children (WIC). Drawings, tables, and photographs are provided. See also related documents, SHR-0004954; SHR-0004955; SHR-0004957—SHR-0004964.

29. Community Council of Greater New York. Research and Program Planning Information Dept.

Profiles of Two Adult Homes and Their Communities: The Need to Bridge the Gap.

Jun 80, 116p Executive Summary available from PROJECT SHARE.

SHR-0007757 Available from Research and Program Planning Information Dept., Community Council of Greater New York, 225 Park Avenue South, New York, NY 10003.

Two adult homes in two Brooklyn, N.Y., communities—Garden of Eden in Bensonhurst-Gravesend and Seaport Manor in Canarsie—are described to provide a baseline against which the accomplishments of a project providing services to home residents and bridging gaps between the homes and the communities may be viewed. Geographic and demographic information and the impressions of key informants are presented for each community. A description of each adult home covers its facilities, history, operations, services, and residents' characteristics and impressions. Data are presented on a sample of residents interviewed in each home, their activities inside and outside the home, and their use of services. Each community's past and present relations with residential care facilities in general and the target adult home in particular are explored. The two portraits are completed with data on the formal and informal types of social services that are currently in use or may be adopted for use by the residents of the target adult homes. Primary to the goals of the project is the creation of a resident council in each home and a community liaison council to link each home and community. Implications of the survey findings for these strategies are discussed. Appended are resident samples and interview methods, criteria for inclusion of service providers, and lists of organizations included in the survey by population served and types of programs offered.

30. Community Service Society of New York.

Case for Action Now: Strategic Planning to Offset the Anticipated Program Cuts of the Reagan Administration.

1981, 76p

SHR-0007385 Available NTIS PC $10.50/MF $4.00

Federally supported human service programs are analyzed for their current legislative and budget status, political adherence to Reagan administration policy, and vulnerability to Reagan's program cuts. The proposed elimination of many categorical grants in favor of expanded block grants is also evaluated. The following programs are now highly vulnerable under the Reagan administration's proposed budget cuts: the Comprehensive Employment Training Act (CETA) programs (need reauthorization), the Food Stamp program (current appropriation insufficient to cover this fiscal year), the School Breakfast and Lunch program (because of their relationship to the Food Stamp program), health planning (on continuing budget resolution), Community Health Centers (on continuing budget resolution), followthrough (needs reauthorization), mental health services, and Section 8 and Section 312 housing programs (administration bias against categorical assistance). Certain programs are less vulnerable either because their funding has already been advanced or secured, constituent support is strong (services for senior citizens and Head Start), or they are already funded by block grants (community development and title XX social services). Also, Federal support for health and nutrition programs for targeted groups of women, infants, and children appear in less jeopardy. Fact sheets on each of these programs contain a brief description of their services and clients, appropriations, vulnerabilities to Reagan's policies, and possible advocates. This paper was originally prepared in January 1981 for the New York City Task Force on Human Services Crisis.

31. Danish, Stephen J.; D'Augelli, Anthony R.; and Hauer, Allen L.
Helping Skills: A Basic Training Program. Trainee's Workbook.
1980, 119p
SHR-0006522 Available from Human Sciences Press, Inc., 72 Fifth Avenue, New York, NY 10011.

This workbook, designed for use in helping skills training programs for practicing human services workers, is intended for use with a training leader's workbook. The training program is designed around a five-step process: identifying and defining skills to be learned, presenting the purpose or rationale for learning, presenting a level of skill attainment, skill demonstration or models presentations, and skill practice opportunities. The programs' goals are to develop use of effective nonverbal attending behavior, to produce awareness of ineffective nonverbal attending behavior, to develop conversational style which facilitates the helpee's self-exploration, and to enable helpers to talk about personal feelings and reactions with helpees. Other goals are to develop an understanding of stated and unstated helpee communication and to integrate the basic helping skills. The individual learning sessions cover (1) nonverbal behavior; (2) continuing, leading, and self-referent responses; (3) understanding of personal needs; and (4) development of effective helping relationships. The program emphasizes continuous trainee feedback. Forms and practice exercises are included. Second Edition. See also related document SHR-0006521.

32. Department of Public Welfare, Harrisburg, PA. Office of Mental Retardation.
Pennsylvania's Model Individualized Written Program Plan for Vocational Rehabilitation Facilities.
1978, 64p
SHR-0006858 Available from Materials Development Center, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout, Menomonie, WI 54751.

To assist rehabilitation agencies in preparing and implementing Individualized Written Program Plans (IWPP's) for handicapped clients, this report presents a resource manual and instructions for completing and for reviewing the IWPP according to State (Pa.) and Federal regulations. A sample completed Pennsylvania model IWPP is also supplied. The IWPP is developed as a result of a group process between the client and the interdisciplinary treatment team. It provides goals and procedures for attaining those goals for the individual client to enable the client to become more productive, independent, and self-fulfilled. A description of suggested procedures for developing an IWPP is included, and instructions for completing the IWPP form are given for the cover sheet, goal sheets, and performance notes. A glossary and suggested sources for further information are provided. The resource manual offers suggestions and recommendations to assist vocational rehabilitation staff in implementing the IWPP. It also offers strategies for enhancing staff cooperation and for dealing with problem behaviors. Case examples and illustrations are supplied.

33. Dermer, Joseph.
How to Raise Funds from Foundations.
1979, 96p
SHR-0007009 Available from Public Service Materials Center, 355 Lexington Ave., New York, NY 10017.

This third edition of a manual on raising funds from foundations presents both the theory and the reality of undertaking successful efforts in the foundation field. Case examples are cited. A chapter on the history of foundations classifies these organizations into five broad categories: general purpose foundations, special purpose foundations, corporate or company foundations, family foundations, and community foundations. The book notes that one of the most difficult tasks of the grant seeker is to locate the necessary information about a given foundation. However, the Tax Reform Act (TRA) of 1969 increased the information that foundations must make available to the Internal Revenue Service (IRS) and to the public. In addition, the new law requires that a foundation discern if a fund seeker is a public or private organization under 501 (c) (3) and whether or not the funded activity will fall under one of the five newly prohibited categories of activity. The book advises that two primary sources of information about foundations are annual reports and the reports which foundations must file with the IRS. However, most grant seekers consult the "Foundation Directory," which contains all essential information. Other resource materials are also described. Chapters are devoted to advice on how to get an interview with the foundation, what to say and do during the interview, working with volunteers, and descriptions of general purpose grants. Also explained are what to do after the proposal is submitted, foundation possibilities that should not be overlooked, and how to write the presentation. A list of checkpoints and a list of related publications are provided. Third edition.

34. Development and Evaluation Associates, Inc., Syracuse, NY.
Training Evaluation System: Contractor's Evaluation Manual.
Oct 80, 72p
SHR-0006934 Available from Office of Human Resources Development, 40 N. Pearl Street, Albany, NY 12243.

This manual clarifies evaluation requirements for all training contracted by the New York State Department of Social Services, Office of Manpower Development. The discussion of evaluation requirements and options describes the following three sets of activities on which the Department of Social Services (DSS) training evaluation system is based: summative evaluation requirements, which apply to all courses; formative evaluation requirements, which apply to all courses under development; and supplementary evaluation options, the application of which depends on the specific nature and context of individual courses. The required training grant proposal format is given for contractors' descriptions of their plans for training evaluation. Internal recordkeeping guidelines and expectations for quarterly reports and final reports to the Department of Social Services are also presented. A discussion of evaluation procedures—pre-outcome and post-outcome assessment, post-course participant feedback, post-course participant followup, on-the-job participant impact assessment, and DSS procedures cost analysis—helps contractors and evaluation staffs choose among possible evaluation techniques. Procedures for the evaluation audit are discussed in the concluding section. The evaluation audit is similar to a financial audit in that grantees are required to conform to standard data collection and recordkeeping procedures, so that a DSS representative can spot-check the data provided by grantees. See also related document, SHR-0006933.

35. Development and Evaluation Associates, Inc., Syracuse, NY.
Training Evaluation System: Evaluation Resource Manual.
1980, 131p
SHR-0006933 Available from Office of Human Resource Development, 40 N. Pearl Street, Albany, NY 12243.

This manual is a resource for New York State Social Services training and materials development. The section on program and curriculum evaluation contains guidelines and suggestions for planning comprehensive training program evaluations, while the discussion of course, workshop, and trainer evaluation considers several standardized instruments widely used in academic contexts. General concepts and specific items that may be useful in training environments are also examined. Considerations of purpose, technique, and format are discussed in the reference section on trainee / student assessment. The treatment of criterion-referenced testing is of special interest to contractors, since so much of social service training is job or task oriented. Items in the training materials evaluation and validation section are intended to be useful for training / development evaluation and for department of social services contract monitors. Instructional resources are presented in the cost-analysis and cost-effectiveness evaluation section. An annotated bibliography of selected evaluation references is supplied, and other relevant reports are presented, including a paper on needs assessment. (Author abstract modified). See also related document, SHR-0006934.

36. Dickman, Irving R.
Teenage Pregnancy: What Can Be Done.
1981, 28p
SHR-0007843 Available from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016.

The extent, consequences, and possible responses to teenage pregnancy in America are discussed. One of every 10 girls from age 15 through 19 becomes pregnant annually. The growing number of teenage pregnancies, most involving unmarried adolescents, makes this a significant social and medical problem. Unhealthy babies, the thwarted personal development of the mother, and unstable teenage marriages are some of the adverse consequences of teenage pregnancies. Options for preventing such pregnancies include sex education which emphasizes the importance of postponing pregnancy until mature years, the family's transference of the values of abstinence from sexual intercourse during adolescence, and contraception. Abortion is currently a controversial option for preventing a pregnancy from reaching term. A variety of programs are designed to lessen the adverse consequences of teenage pregnancy through counseling and appropriate medical services. Federal efforts currently appear to favor withdrawal of support for funding of abortion, sex education, and family planning in favor of placing the responsibility of sex education within the moral teachings of the family. It is difficult to believe that this will be an effective solution for so widespread a problem. Various types of programs currently available for pregnant teenagers are listed and briefly described, and 18 related public affairs pamphlets are listed. Public Affairs Pamphlet, no. 594.

37. Dombrowicki, Angela S.
Wisconsin Dept. of Health and Social Services, Madison. Div. of Community Services.
Case Management Pilot Projects in Selected Community Services Boards.
Dec 80, 104p
SHR-0006180 Available NTIS PC $12.00/MF $4.00

This report describes the activities and accomplishments of a 3-year case management project administered by the Wisconsin Department of Health and Social Services, using several types of case management models. Five Wisconsin counties served as project sites for implementing and testing the models. Definitions, goals, structure, and support for case management varied among the project sites. However, each of the sites established objectives, delineated authority and responsibility, developed systems management activities, created an approach to case management components, dealt with the issue of confidentiality, considered cost effectiveness, developed strategies for changing objectives, and considered system strengths and weaknesses. The project planning process began with a consideration of the problems which case management was expected to solve at the individual project site and then proceeded to systems definitions, resource identification, determination of the model's effect on staff, and development of an evaluation mechanism. Each of the project sites is described in detail. For example, case management pilot project objectives for the Brown County site included improving existing communications among 48 public and private service agencies, educating case workers, encouraging providers to work together, and facilitating delivery of services. Copies of forms, correspondence, and charts are included.

38. Durman, Gene; and Rogers, Cheryl.
Urban Inst., Washington, DC.
Conducting a Nursing Home Information Project. Volume I: Project Manual.
1980, 60p
SHR-0007074 Available from Center for the Study of Welfare Policy, 236 Massachusetts Avenue NW, Washington, DC 20002.

This project manual provides a step-by-step description of the development of a nursing home information project. The project aims at helping persons and families make an informed nursing home placement decision by providing them with a single source of complete and reliable information on all the nursing homes in a community. Aspects of developing the information project are the initial organizing phase, recruitment of volunteers, the training session, site visits, data compilation and display, and publication and dissemination. The discussion of the initial organizing phase considers the role and responsibility of the coordinator throughout the project, initial organizing responsibilities, and guidelines on answering questions from administrators. Types of volunteer jobs, the necessary number of volunteers, and methods of recruiting volunteers are portrayed in the section on recruiting volunteers. Topics addressed in relation to the training session are preparing for training and scheduling; a detailed outline of the training session and a list of films available to augment the training session are included. The issues involving site visits are scheduling, handling refusals from administrators, and procedures during and after the visits. Concerning the task of data compilation and display, the subjects addressed are general guidelines for developing a guide to nursing homes in a community, the content of the guide, preparing the guide, compiling the data, sample profiles, comparative displays, and the calculations required in compiling the data. Funding the publication, printing, and dissemination of the guide are considered in the concluding section. See also Volume II, SHR-0007075; Volume III, SHR-0007076.

39. Durman, Gene; and Rogers, Cheryl.
Urban Inst., Washington, DC.
Conducting a Nursing Home Information Project. Volume II: Resource Manual.
1980, 262p
SHR-0007075 Available from Center for the Study of Welfare Policy, 236 Massachusetts Avenue NW, Washington, DC 20002.

This volume, intended to accompany the project manual for conducting a nursing home information project, provides materials designed to improve the organization of a local nursing home information project; extracts from nursing home guides produced by local projects which used these materials; and copies of instruments and procedures which can be used to compile a list of local nursing homes, visit local nursing homes, compile information contained in nursing home inspection reports, gather information on alternatives to nursing homes, and publicize and secure funding for the local project. The aim of a nursing home information project is to help persons and families make informed nursing home placement decisions by providing them with a single source of complete and reliable information on all the nursing homes in a community. The materials in this volume are organized as a series of appendices which treat the following subjects: how to compile a list of nursing homes, sample records, sample time lines, useful contacts, sample letters to administrators, instructions for using inspection report materials, sample recruitment letters, sample recruitment newspaper articles, sample cover letter to administrator for review, excerpts from completed guides, sample proposals for funding, letter of support for procuring local funding, instruments, and forms for compiling data. See also Volume I, SHR-0007074; Volume III, SHR-0007076.

40. Durman, Gene; and Rogers, Cheryl.
Urban Inst., Washington, DC.
Conducting a Nursing Home Information Project. Volume III: Volunteer's Manual.
1980, 68p
SHR-0007076 Available from Center for the Study of Welfare Policy, 236 Massachusetts Avenue NW, Washington, DC 20002.

This manual is designed to help volunteers understand their role in the development of a nursing home information project. The aim of a nursing home information project is to help persons and families make informed nursing home placement decisions by providing them with a single source of complete and reliable information on all the nursing homes in a community. The manual provides an introduction to the project, explaining what a nursing home information project entails, what kinds of information will be collected and used, and what the volunteer's role as a project participant might be. It supplies information about what the volunteer can expect when visiting a nursing home; the volunteer's possible emotional responses to what may be observed in the nursing home and some suggestions on how to deal with these reactions are presented. The manual also discusses the role of a site visitor. The survey instruments for collecting information on nursing homes are described and some tips on how to conduct a successful site visit are provided. Examples of a completed set of site visit materials are provided along with explanations of particular items. The concluding section contains three reference lists: a glossary of terms often heard in nursing homes, a list of some of the many books that have been written on aging and nursing homes, and a copy of the patients' bill of rights. See also Volume I, SHR-0007074; Volume II, SHR-0007075.

41. Durrance, Joan Coachman.
Horace H. Rackham School of Graduate Studies, Ann Arbor, MI.
Citizen Groups and the Transfer of Public Policy Information in a Community.
1980, 227p
SHR-0007824 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

Findings and implications are reported from research that examined and analyzed selected characteristics of citizen groups that influence group information transfer behavior. The objective was to form the basis for the development of library information delivery systems for a potential user group. In addition to focusing on the characteristics of citizen groups, the study also explored the characteristics of the information seeker, the citizen–group role in information transfer, barriers to information seeking, and factors that may affect the information transfer process. The research site was Toledo, Ohio, where citizen groups that met a set of criteria were selected for study. The groups chosen were currently active and had identifiable leadership; had a local Toledo or northwest Ohio chapter or had local active members; were concerned with issues affecting the community, its people, or a neighborhood within the community; had engaged in topical information seeking within the past 15 months; and were composed of citizen members. The information seeker in each of 48 groups was interviewed using a survey instrument designed to produce descriptive statistics about group activity in information transfer. Information seekers in the groups were found to use a variety of interpersonal and print sources over an extended period. They were predisposed to use public libraries but were often unable to obtain the information needed from the library. Those who knew the name of a librarian had higher library success rates than those who did not. A list of interviewed citizen groups and the survey instrument are appended. Tabular data are provided, along with footnotes for each chapter and a bib-

41.

liography with about 75 entries. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to University of Michigan, 1980.

42. Elder, Jerry O.; and Magrab, Phyllis R.
Coordinating Services to Handicapped Children: A Handbook for Interagency Collaboration.
1980, 250p
SHR-0007625 Available from Paul H. Brookes Publishers, PO Box 10624, Baltimore, MD 21204.

This anthology discusses issues in interagency collaboration, models of interagency collaboration, and effecting interagency collaboration to coordinate services to handicapped children. It is intended to help educators, professionals, paraprofessionals, and administrators in all of the human service delivery systems promote and initiate solutions to the problems and issues of providing services to handicapped children across the various delivery systems. Papers dealing with the basic issues relating to interagency collaboration (1) trace the development of interdisciplinary teams as an evaluation and treatment mode for handicapping conditions and show how some of the basic concepts relating to interdisciplinary care contribute to coordination of services, (2) provide an overview of interagency collaboration and examine the role of various levels of government in this area, and (3) examine the human factors involved in interagency collaboration and coordination of services. Four models of service coordination for handicapped children and the experience gained through their operation are described. A rationale is developed for Direction Service, a program with a fixed point of referral and coordination unit for handicapped children, and the experiences of developing a community interagency effort in Colorado are detailed. Efforts in Kansas for developing interagency teams centering around preschool children's needs are also portrayed. An interagency collaboration demonstration project in Massachusetts is also reviewed from a planning perspective. In addition, some of the empirical and theoretical studies in the literature relating to interagency collaboration are reviewed, and an interagency planning setting is described. Finally, information required to effect interagency collaboration is presented. Appended are interagency agreements that define the forms of coordination of service delivery. Chapter references, footnotes, tables, charts, and an index are included. (Author abstract modified).

43. Elkin, Robert.
Office of Human Development Services, Washington, DC. Office of Policy Development.
Human Service Manager's Guide to Developing Unit Costs.
1980, 31p
SHR-0006982 Available from Institute for Information Studies, 200 Little Falls Street, Suite 104, Falls Church, VA 22046.

Prepared for experienced managers of human service agencies, this monograph explains the use of unit costs in purchasing services, budgeting, and evaluating programs. Following a brief review of unit cost concepts and the systems approach to service delivery analysis is a description of the ways an agency can apply unit costs. For example, cost data can be used to compare programs, improve budget presentations, set fees, allocate resources, and monitor service delivery. The following steps in determining unit costs are presented: identifying total costs, defining services, computing costs of a service, and finally computing the unit costs. The discussion of different perspectives on unit costs considers the focus of the cost unit, base time period, relationship between cost and rates, and cash and accrual accounting methods. An overview of methodological issues begins with the uses and misuses of cost information and then discusses service unit definitions, data collection techniques, and updating unit costs as part of a comprehensive data base.

Checklists are provided to help managers decide if a unit cost system would be valuable and how to plan for its implementation. Technical skills and personnel needed to develop unit costs are also detailed. The final section contains a checklist for evaluating cost reports. Numerous illustrations of unit costs drawn from a variety of human service fields accompany the text. Charts, a glossary, and references are included.

44. Elliot, Phyllis; and Forman, Jane.
Social Services Research Inst./Welfare Research, Inc., Washington, DC.
Analyzing Costs in Human Services Programs: Procedures Manual, Volume 2.
Mar 80, 47p
SHR-0007083 Available from Welfare Research, Inc., 1015 18th Street NW, Suite 810, Washington, DC 20036.

This manual, developed for users of cost analysis in human service agencies, contains the procedures to be followed by providers and administrative agency staff in collecting and analyzing cost data for human services. The cost analysis methodology was developed as a result of field tests and demonstrations in the area of child day care in New York, Ohio, and Oregon. Although the manual's procedures, worksheets, and instructions have been designed for child day care, they can be easily revised to collect cost data on other services. The manual begins with a definition of cost analysis as a uniform system for collecting, analyzing, and organizing cost information and with a discussion of its uses for funding and provider agencies. The remainder of the manual presents worksheets on which to collect information, detailed instruction for completing the worksheets, and a discussion of data analysis strategies. Worksheets to be completed by providers include a classification questionnaire, which reports basic descriptive information about the center; a statement of income from current operations, which reports all sources and amounts of income received for the reporting period; a projected annual budget; and a worksheet on operating expenses. Other provider worksheets include a random sample time sheet, a volunteer time sheet, a summary attendance record, and a summary of real personnel expenses. Cost analysis worksheets to be completed by the funding agency include a summary of real personnel expenses, a summary of days of service, a summary of volunteer time sheets, a summary of real expenses and value of donated goods and services, and a worksheet on day care costs according to functional area. Types of data analysis include analysis of general costs and income, functional analysis, and line item analysis. The manual is the second in a series of four manuals on cost analysis methods and related training. See also related documents, Volume 1, SHR-0007082; Volume 3, SHR-0007084; Volume 4, SHR-0007085.

45. Elliott, Phyllis; Forman, Jane; and Riesett, Robert.
Social Services Research Inst./Welfare Research, Inc., Washington, DC.
Analyzing Costs in Human Services Programs: Reader's Guide, Volume 1.
Mar 80, 18p
SHR-0007082 Available from Editorial Assistant, Social Services Research Institute, WRI, Suite 810, 1015 18th Street NW, Washington, DC 20036.

This initial guide in a four-volume series is designed to give decisionmakers in State and local human service agencies information about the value and application of cost analysis in human services programs. Cost analysis is first defined, and then its benefits and applications are discussed. Using publicly funded child day care as an example, three principal components of a cost analysis system are outlined—data collection, data aggregation and analysis, and interpretation and application. Methods for organizing cost analysis information are described, beginning with general cost and income calculations, such as average cost per

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child day. Functional analysis techniques that examine provider expenditures in terms of individual functions or services are reviewed, as is line item analysis. Descriptive data that should accompany cost analysis information are identified, so that a decisionmaker can make a qualitative assessment of an organization. In the past, the unique characteristics of human service organizations have hindered the application of traditional cost analysis methodologies. For example, output is difficult to measure, and political factors rather than cost–effectiveness often influence decisions. Based on field tests and demonstrations, common problems encountered in this cost analysis method are examined. The guide recommends that prior to undertaking any cost analysis, goals should be clearly defined, resistance overcome, and the administrative staff properly trained. Data collection efforts should be monitored constantly, and programs participating in a cost analysis study should be encouraged to operate on an accrual rather than a cash accounting system. A series of questions to help an administrator decide if cost analysis would be useful conclude the booklet. Charts and tables are provided. See also related documents, Volumes 2-4, SHR-0007083—SHR-0007085.

46. Ellis, Bernard H.; Indyke, Doris; and Debevoise, Nancy M.
National Cancer Inst., Bethesda, MD. Office of Cancer Communications.
Smoking Programs for Youth.
Jun 80, 92p
SHR-0007071 Available from Office of Cancer Communications, National Cancer Institute, Building 31, Room 4B39, Bethesda, MD 20205.

This manual aims to promote understanding of the smoking problem among youth and to stimulate decisionmakers to develop school smoking prevention and cessation programs. The volume begins with a review of trends in teenage smoking behavior and a discussion of the major factors that influence smoking. Although the percentage of adult smokers in the population has been dropping steadily between 1964 and 1978, until very recently teenage smoking was increasing, especially among girls. A 1979 survey showed that 10.7 percent of boys and 12.7 percent of girls between ages 12 and 18 report smoking regularly. Predictors of smoking include age and sex, school environment, peer pressure, advertising, family influences, socioeconomic influences, and individual characteristics. The results of past and current regulatory and educational approaches to smoking among youth indicate that many approaches may be counterproductive. The most promising educational approaches tend to shift away from instruction about the long–range health hazards of smoking toward emphasis on more immediate factors, ranging from short–term health risks to peer encouragement of smoking. Most current smoking education approaches incorporate the methods of encouraging student participation, illustrating the immediate effects of smoking, incorporating smoking into a lifestyle education program, determining personal health risks, and conducting programs in nonschool environments. Development and implementation of a school smoking program should begin with recognition that teachers are role models and should emphasize development of a general school environment that discourages smoking. Smoking education modules can be developed within appropriate courses. Development of a comprehensive smoking education program should start with identification of interested groups and individuals and follow through to implementation and evaluation. The book's final chapter describes a variety of promising smoking education programs that are currently being used in schools around the Nation. The general program categories include youth–coordinated projects, projects that illustrate the immediate effects of smoking, youth–to–youth teaching programs, lifestyle education, programs that appraise health hazards, health education curriculums with smoking components, and smoking cessation programs. For each program, the target group, primary emphasis, materials required, costs, teacher training, reported effectiveness, history and current use, funding, and contact person are listed. An appendix lists additional printed resources, resource organizations, and contemporary texts on school health education. Photographs, tabular data, and 93 reference notes are supplied.

47. Endy, Daryl.
American Association of Univ. Women, Washington, DC.
AAUW Community Action Tool Catalog. Techniques and Strategies for Successful Action Programs.
1981, 227p
SHR-0007638 Available from American Association of University Women, Sales Office, 2401 Virginia Avenue NW, Washington, DC 20037.

In providing brief descriptions of techniques for planning and executing community action projects, this book acts as a catalog, and it serves as an instruction manual in providing step-by-step guidance for implementing the various techniques, particularly for organizations with low budgets and volunteer workers. Although the catalog is particularly intended for use in implementing programs of the American Association of University Women, it also can be helpful in work with other community groups. The opening section offers general advice on the steps in organizing and implementing an entire project, followed by sections that describe specific techniques grouped into broad categories: dealing with institutions, demonstrations of support or opposition, fact finding, publicity and information techniques, and organization and planning. Most of the chapters within each section deal with only one technique. Each chapter follows the same format. The opening and closing sections of each chapter are designed to help project planners quickly evaluate the potential and suitability of the technique discussed. Goals the technique can help to achieve are then listed, followed by an inventory of the people, time, money, and equipment needed to use the technique. An "action checklist" presents the steps to be followed in using the technique, including preliminaries, implementation, and evaluation and followup. Also provided in each chapter is a listing of selected reference sources. An index is included.

48. Esser, Thomas J.
Wisconsin Univ.-Stout, Menomonie. Materials Development Center.
Gathering Information for Evaluation Planning.
Mar 80, 60p
SHR-0007596 Available from Materials Development Center, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout, Menomonie, WI 54751.

The content and structure of the process during which information on the client is gathered prior to beginning vocational evaluation services are discussed. Ideally, the referral source should provide all necessary referral information so that the planning process can be conducted in a structured and efficient manner. When this does not happen, the staff of the vocational rehabilitation facility must obtain the necessary information for client vocational evaluation and planning. The information obtained should relate to the client's ability to find, secure, and retain employment. Information categories representative of the data most useful in vocational planning are demographic and identifying information, work history, education and training, personal / social / environmental factors, physical and mental capacities, vocational interests and goals, and job-seeking experience. A structured information form to be used in soliciting information from the client is proposed. A primary advantage of the form is that all important vocational information is available on one document, eliminating the need for a number of forms in a client's file. It is also helpful in structuring the initial interview. A copy of the form is provided, along with detailed instructions for

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using it. Suggestions for using this manual are provided, and four references are included.

49. Federation for Community Planning, Cleveland, OH. Council on Mental Health.
Cooperative Apartment Living Project: Handbook for Community Volunteers.
Apr 81, 44p
SHR-0007311 Available from Planning and Action, Newsletter of The Federation for Community Planning, 1001 Huron Road, Cleveland, OH 44115.

This handbook is designed to serve as a guide for community groups in planning and implementing a program of cooperative apartment living for former mental patients. Such apartments usually consist of two to four people who live together, supporting each other emotionally and socially, and sharing living costs and household duties. Supervision and support are made available as needed through a professional mental health agency and the support of community organizations in the neighborhoods where they are located. Volunteers from the community organization assist the people living in the apartment. The manual begins with a discussion of the program's benefits to the apartment resident. It continues with sections on referral and selection of apartment residents, techniques for approaching a landlord, and methods for setting up the apartment. Additional sections discuss considerations for helping residents develop good roommate relationships, practical problemsolving techniques, and budgetingfor an apartment. Further sections discuss the residence agreement, meeting the prospective residents, and suggestions for encouraging the residents to become involved in the community. The final sections discuss how to use community mental health agencies and other community resources. An appendix presents copies of letters from several community organizations, sample chore charts, and related information. Handbook was prepared by the Task Force on Cooperative Apartment Living.

50. Fields, Lanny.
Welfare Research Inst., New York.
Autism in New York State: Definitions, Prevalence, Services, Issues.
Sep 80, 65p
SHR-0006541 Available from Publications Editor, Welfare Research Institute, 10th Floor, 112 State Street, Albany, NY 12207.

This paper presents information about autism, with particular emphasis on services available in New York State. Three definitions of autism are discussed, as well as its prevalence and its diagnosis. The absence of a clear definition of autism precludes the development of a comprehensive assessment of needs for persons with autism, but a partial needs assessment can be performed. For this study, chapter presidents of the New York State Society for Autistic Children were surveyed. Mentioned most often as important unmet needs were improved education, respite care, and group homes. Other frequently mentioned needs included parental support, 12-month education, secondary school and postschool recreational programs, and knowledgeable physicians willing to treat persons with autism. Another source of data on needs in New York State is the Technical Assistance Project in Health, Education, and Welfare Region II. The service needs of persons with autism are different from those of persons with other developmental disabilities in that the ratio of clients to staff must be low and educational services must include behavior management and be intensive and systematic. Also, services should be provided by staff trained specifically to work with people with autism. Noteworthy programs in autism are reviewed. All of the programs mentioned provide noteworthy education and training for people with autism ranging in age from early childhood to young adulthood, as well as rehabilitation in a community setting with reintegration into the least restrictive home environment as the goal. When aversive control is used, appropriate peer review and advocacy review of procedures and effects must be implemented to protect a client's constitutional rights. Tabular data and 50 references are included; a list of agencies providing services to individuals with autism in New York State is also given. This document is derived from a report entitled "Serving People with Autism in New York State-1979."

51. Figgures, Cleo.
Philadelphia School District, PA. Early Childhood Evaluation Unit.
Evaluation of the Get Set Day Care Program, 1978-1979.
Apr 80, 44p
SHR-0006702 Available from Early Childhood Evaluation Unit, Room 603, Administration Building, School District of Philadelphia, 21st Street and the Parkway, Philadelphia, PA 19103.

This report by the Office of Research and Evaluation of the School District of Philadelphia, Pa., evaluates the Get Set Day Care Program in terms of its developmental, parent involvement, staff development, and supportive services components. Data were collected through various questionnaires. Data from the Developmental Behavior Checklist (DBC) revealed that the Get Set Day Care Program's mastery of seven developmental categories was equal to that of all prekindergarten programs combined. Social interaction was the developmental emphasis seen most frequently in the classroom, and direct teaching was the major adult role observed. Staff development data showed that the majority of the staff in each category had attended one or more workshops during the year and were generally satisfied with supervisory services. Parent involvement data confirmed an increase in the number of volunteer hours contributed to the program by Get Set families compared with those contributed last year. Five appendices contain an observation data summary, DBC data summary, parent involvement summary, staff development summary, and ancillary services summaries. (Author abstract modified). Report number 8050.

52. Finnan, Christine R.; Groeneveld, Lyle P.; Henton, Douglas C.; Moss, Laurence A.; and Waldhorn, Steven A.
Stanford Research Inst., Menlo Park, CA.
Alternative Approaches to Refugee Resettlement: Analysis.
15 Mar 81, 192p
SHR-0007639 Available from Publication Services, SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025.

Principles for designing approaches for refugee resettlement are suggested for these areas: admissions, placement, initial settlement, resettlement practices (as they affect both immediate economic self-sufficiency and social adjustment), and cash assistance. The analysis describes problems associated with each aspect of refugee resettlement, presents approaches used in the resettlement process in the United States, describes issues raised by these approaches, and offers alternative strategies to resettlement. Organizational arrangements for promoting resettlement strategies are also analyzed, and resettlement approaches used in other countries are described. The introduction reviews the historical and international context of refugee resettlement, as well as the domestic context. It is noted that a variety of alternative approaches to resettlement exist. However, a strategic approach requires choosing the most appropriate alternative for a particular refugee situation. A set of strategies, rather than a universal resettlement strategy is recommended. The strategies should provide for differences among refugee groups, among individual refugees within a group, and among jurisdictions receiving refugees. They should also provide for changes in admissions flow, the ability of the refugee to become self-sufficient with time, and the need for flexible organizational arrangements to allow for differing strategies. In an appended discussion, characteristics of new refugees entering the United States are compared to those of traditional refugees. Over 100 references are provided including citations of

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foreign literature. See also related document, SHR-0007640.

53. Finnan, Christine R.; Henton, Douglas C.; and Waldhorn, Steven A.
Stanford Research Inst., Menlo Park, CA.
Alternative Approaches to Refugee Resettlement: Overview.
15 Mar 81, 29p
SHR-0007640 Available from Publication Services, SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025.

This analysis of alternative approaches to refugee resettlement provides background information for policy development. It is based on interviews with researchers and practitioners as well as a review of previous studies in this area. The basic dimensions of the refugee problem are examined, and the resettlement consequences of the admission process are surveyed, with emphasis on the Refugee Act of 1980. The analysis presents guidelines for developing strategic approaches to designing resettlement strategies and organizational agreement. They involve consideration of (1) different types of refugee groups requiring different resettlement strategies, (2) the need for flexible organizational arrangements for promoting refugee resettlement, (3) the influence of admissions flow on the design of resettlement strategies, and (4) the necessity of different placement approaches for different refugee groups. In addition, it is noted that Federal refugee resettlement policy should involve strategies for assisting both individual refugees and jurisdictions in geographic areas heavily impacted by refugees and should accommodate the varying roles and responsibilities of different resettlement factors over time and in particular places. Alternative approaches are outlined in the policy areas of placement, initial settlement, resettlement practices (as they affect both immediate economic self-sufficiency and longer range social adjustment), and cash assistance. Organizational issues related to these policy areas are also examined. See also related document, SHR-0007639.

54. Florence Heller Graduate School for Advanced Studies in Social Welfare, Waltham, MA.
Contracting for Service as a Mechanism for the Delivery of Human Services: A Study of Contracting Practices in Three Human Service Agencies in Massachusetts.
Jun 80, 26p
SHR-0007040 Available from Arnold Gurin, The Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, MA 02254.

An executive summary is presented of a study of the contracting practices in three Massachusetts human service agencies—the Massachusetts Rehabilitation Commission, the Department of Elder Affairs, and the Protective Services Program for Children of the Department of Public Welfare. Data were gathered from interviews, program materials, and onsite visits, and reports were prepared to describe the practices of each agency regarding purchases of service and contracting for service. It was found that if contracting is to be an effective mechanism for service delivery in relation to costs and quality, the contracting agency must have the capacity to administer it effectively through monitoring and the formulation of policies and service plans. Where contracting is used, the selection of providers, specification of service requirements, and quality control should occur as closely as possible at the level of direct client service. Such decentralization is likely to increase the opportunities for client access to service and client participation in decisionmaking. The information costs involved in setting the rates for purchased services are very high if an attempt is made to evaluate the costs of individual providers. Ratesetting procedures should be kept as simple as possible through the use of mechanisms such as fixed rate schedules. Flexibility in rates should permit the achievement of specific objectives, such as increasing the volume of services or obtaining particular kinds of services not otherwise available. Rate differentials relating only to differences in provider costs without corresponding differences in services are more questionable. Neither the ratesetting process nor formal contracts can be trusted as instruments of quality control; decentralized methods closely related to client service are required. No references are cited. See also related document, SHR-0005319.

55. Fortune, Martha; Goldberg, Nancy; Llano, Felise; and Niemela, Mary.
Boston Coll., Chestnut Hill, MA. Graduate School of Social Work.
Social Services in Occupational Settings: A Study of Eight Companies.
Dec 80, 109p
SHR-0006828 Available NTIS PC $12.00/MF $4.00

Findings and recommendations are presented from a study having the following objectives: (1) to describe the obstacles to developing an employee assistance program (a company-sponsored counseling program for individual employees); (2) to examine company incentives for establishing an employee assistance program (EAP); (3) to describe various types of EAP models; (4) to examine the roles of public and private systems in relation to the development of EAP's; and (5) to make recommendations on the role of the Health Planning Council for Greater Boston (HPCGB) in regulating, planning, and implementing EAP's in occupational settings. The research consisted of a literature review of background information in the areas of health insurance, health-care costs, industry and cost-containment measures, EAP's, and the health promotion movement. Open-ended telephone interviews with representatives of the human service system investigated the components of the systems network to demonstrate how human service agencies, health providers, insurers, and regulatory agencies interrelate and influence the delivery of EAP services in the workplace. Interviews with appropriate persons in a sample of eight companies were the major source of data collection. It was found that company data on EAP's and health promotion were poor in the areas of comparability, consistency, and availability; and EAP's varied significantly in the range of services offered. The existence and strength of linkages between industry and the human services network was found to be the most significant factor in the development and effective operation of company EAP's. The study recommends that the HPCGB become more involved with companies and the human services network in providing technical assistance for the development and improvement of EAP's and other occupational health promotion activities. Research instruments and supplementary information are appended, and a bibliography of 42 citations is provided.

56. Gartner, Alan.
National Self-Help Clearinghouse, New York.
Developing a Directory of Self-Help Groups.
1980, 12p
SHR-0006401 Available from National Self-Help Clearinghouse, Room 1206A, 33 West 42nd Street, New York, NY 10036.

Procedures for developing a directory of self-help groups are given, from determining content through product dissemination. In developing the directory, the issue of content range must first be determined. Self-help groups have been initiated to meet the needs of individuals, including addicts, veterans, the elderly, parents, tenants, women, unemployed people, youth, and people with a wide range of health problems. In addition to names of self-help groups themselves, information centers and hotlines in the community can be listed. Basic information should be flexible and inclusive, and should

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specify the group name, address, and telephone number; a contact person's name; and information on where and when the group meets. The listing may also include affiliations, participation requirements, and more detailed descriptions of purpose and activities. Information may be collected by contacting human service providers. Speed required in preparing and distributing the directory are the major concerns in deciding how it should be published. Copies should be provided to agencies and services from whom potential users seek assistance. Forms, sample directory entries, and a 14-item list of National Self-Help Clearinghouse publications are included.

57. Gartner, Alan; and Riessman, Frank.
Help: A Working Guide to Self-Help Groups.
1980, 184p
SHR-0006942 Available from New Viewpoints, Dept. EJ, 730 Fifth Ave., New York, NY 10019.

This manual provides detailed descriptions of almost 150 major self-help organizations in the United States. It also gives advice on how to form such groups and provides guidelines for professionals on how to help form, work with, and define their relationships to such groups. The groups cover such areas as adoption, alcohol, birth, burns, cancer, bereavement, divorce, parent education, handicaps, sexual behavior, women's issues, and many specific diseases. Included are such groups as the Association for Children with Learning Disabilities, Children in Hospitals, Alcoholics Anonymous, and Mastectomy Recovery Plus. Other organizations include Potsmokers Anonymous, Parents Without Partners, Smokenders, Take Off Pounds Sensibly, Total Parent Education, Women's Community Health Center, and Make Today Count. For each group, the purpose, address, telephone number, date of establishment, and number of chapters are listed. Information is also presented about the problem addressed by the group; the group's activities; and, where possible, members' statements on the problem and their experiences with the group. Most of the material is from the groups' own publications, newsletters, flyers, and brochures, supplemented by stories about the groups. The guidelines for organizing self-help groups cover the initial steps, the roles of the organizer, reasons people join self-help groups, group meetings, the strengths of shared leadership, and some suggestions for professionals in organizing such groups. A section on the role of the professional discusses creation of a group, making referrals, consulting to groups, strengthening support networks, developing indigenous helping networks, and conducting research. A list of national and local self-help clearinghouses; about 160 references; and alphabetical, subject area, and geographical indexes are provided.

58. Garwin, Harold.
American Bar Association Commission on the Mentally Disabled, Washington, DC.
Community Mental Health Law Project, Inc.: An Experiment in Community Advocacy for the Mentally Ill.
Sep 79, 42p
SHR-0007019 Available from ABA Commission on the Mentally Disabled, 1800 M Street NW, Washington, DC 20036.

This report describes the efforts of the New Jersey State Bar Association-sponsored Community Mental Health Law Project to reduce the problems and prejudices faced by individuals who have been discharged from psychiatric hospitals, who are about to be discharged, or who are in the community receiving mental health services. The project had an interdisciplinary staff of mental health professionals, social service professionals, and lawyers. The major objectives were to develop a model to make legal and advocacy services available and useful to this client population, and to identify the issues that should be addressed if community care was to succeed. The majority of cases were in family law, public benefits, and housing. Therefore, expertise in the public benefits system, such as welfare, social security, veterans' benefits, medicare, medicaid, and title XX social services were a necessity for the staff. The nonlegal advocacy staff handled over 60 percent of the matters of the project and were the major referral impetus. The services were used only slightly more by whites than by blacks, with a predominant usage by females. The stated goals and objectives for the project were achieved to a great extent during the first year and expanded upon and improved during the second. The success of individual representation was measured in terms of reinstitutionalization rate among clients far lower than the average. Law project staff helped clients find housing or placement in an appropriate mental health program. The project's lawyers were successful in forging new concepts concerning the State's law on expungement of commitment records so that this process was opened to many more people. Despite considerable accomplishments, the project faced funding problems, difficulty integrating with the community support system, and a lack of experienced staff. Finally, a nonprofit independent corporation with its own board of trustees was deemed to be more acceptable to funding sources, referral agencies, and clients than was a bar association office. Tabular data, funding sources, staff rosters, and three footnotes are appended. (Author abstract modified).

59. Goldberg, Daniel C.
Welfare Research Inc., Albany, NY. Developmental Disabilities Technical Resource Center.
Study of Early Intervention Programs in New Jersey.
Jun 80, 12p
SHR-0006489 Available from WRI, 112 State Street, Albany, NY 12207.

This study clarifies important aspects of early intervention programs in New Jersey, assesses parent satisfaction with these programs, and explores factors that might influence the level of parent satisfaction. Data were gathered from questionnaires mailed to eligible parents, survey instruments given to administrators, functional assessment forms presented to staff members, and group interviews with parents and staff. Phone interviews were also conducted with program administrators to collect information on monitoring and evaluation procedures used by programs. The sample of 433 parents was selected from the population that included all parents with children in early intervention programs in New Jersey. Findings revealed that the programs provided services to a broad range of families, were located in a variety of settings, and received funding from different sources. It was suggested that, based on prevalence rates and service capacity, a number of New Jersey children who needed early intervention services were not receiving them. Nearly all programs have an individual habilitation plan (IHP) for each child but differ greatly concerning the information that is included on the form. Overall, parents were highly satisfied with most program aspects; reported benefits not only for their families, but for the community; and shared views similar to the staff about the child's expected capabilities. The study also found that most centers considered parent participation in the child's treatment at the center to be of primary importance, that parents appeared to prefer a more active role in the child's treatment, and that transportation difficulties were a concern of many parents and staff. A total of 3 figures and 53 tables are included. Thirteen appendices list study-related materials; 41 references are given.

60. Goldberg, Irving D.; Regier, Darrel A.; and Burns, Barbara J.
National Inst. of Mental Health, Rockville, MD. Div. of Biometry and Epidemiology.
Use of Health and Mental Health Outpatient Services in Four Organized Health Care Settings.

60.

1980, 258p
SHR-0007041 Available from National Institute of Mental Health, 5600 Fishers Lane, Parklawn Bldg., Room 11A 19, Rockville, MD 20857.

This study represents the first major effort to examine the extent, nature, utilization, and costs of mental health care within four organized general health care settings. Four defined populations in three different organized health care delivery sites were studied: the Bunker Hill Health Center (BHHC), a community health center in Massachusetts; the Columbia Medical Plan (CMP), an HMO in Maryland; the two defined populations using The Greater Marshfield Community Health Plan (Wisconsin), one an HMO (MPP) and the other a fee-for-service population (MFFS). Comparisons are made between total patients in all departments and those patients with mental disorders. Generally, there are substantial differences between the populations and settings regarding financing mechanisms, facilities, socioeconomic status, geography, prepaid benefit package, and organization of services. For example, the highest proportion of patients with mental disorders is seen in BHHC (12.3 percent), followed by CMP (6.1 percent), MPP (4.7 percent), and MFFS (3.6 percent). Among patients seen and diagnosed in the mental health components of these settings, between 80 and 88 percent were given a diagnosis of mental disorder, compared to 4.8–13.6 percent of those diagnosed with mental disorders in other components. Data also show that individuals with diagnosed mental disorder make considerably more visits, as measured by medians and distributions, than those without such diagnoses. They have higher utilization rates in other departments at all settings, but the differentials are not as extreme when the mental health department visits are excluded. Nonetheless, in all settings and all populations, families whose members have diagnosed mental disorder remain at higher utilization levels. There is a generally higher frequency of patients with mental disorder than those without who receive medical diagnoses across the somatic disorder spectrum. In all populations, with the exception of the MFFS group (in which the order is reversed), transient situational disturbances, followed by the neuroses and personality disorders, are the most frequently diagnosed mental disorders in the mental health departments. For all settings, individual therapy is the predominant treatment mode, with group therapy next. Finally, in all four settings, extreme differentials in average patient cost were found between patients with diagnosed mental disorder and those without. However, difference in utilization of mental health departments and nonspecialty mental health departments appears to account for the large bulk of differences in cost per patient. Tabular data are provided for each report. (Author abstract modified).

61. Gollub, James O.; Henton, Douglas C.; Hentzell, Shirley; and Waldhorn, Steven A.
Stanford Research Inst., Menlo Park, CA.
Using Nonservice Approaches to Assist Low-Income People. A Guide.
Feb 81, 68p
SHR-0006507 Available from Publication Services, SRI International, 333 Ravenswood Ave., Menlo Park, CA 94025.

This guide demonstrates how changes in local government policies and private sector practices can benefit the poor and disadvantaged by making programs and practices more responsive to their needs and by helping people help themselves. The nonservice strategies described here resulted from a survey of 150 community action agencies and community organizations in 50 localities, and case examples are drawn from followup site visits to 20 of those communities. The strategies are based on the belief that local governments can use their governance powers, not merely their spending powers, to help the poor. While services will always be needed, more sensitive use of local tax, regulatory, and other governance tools can also do much to help—especially in an era of limited resources. The direct costs of nonservice measures are usually lower than those of traditional service approaches, and often these measures can be more beneficial. In addition, such measures do not require a bond issue, tax increase, or Federal grant to make them work. A section focusing on basic nonservice policy tools considers regulation and deregulation (such as establishing antidiscrimination ordinances or removing rules that prevent sharing homes), tax policy changes (such as ending sales tax on food), administrative reform (such as changing civil service testing procedures to allow disabled persons to participate), and collaboration with the private sector (such as helping new small businesses start up in low-income neighborhoods). Also discussed are the promotion of self-help services (such as food buying clubs) and public sector advocacy (such as lobbying for changes in State insurance laws). Other sections give attention to the uses of nonservice tools and to organizing for action, and appendices provide an outline of how a community organization works, a list of sources for further assistance, and summary tables of nonservice policy approaches. The material is intended for community action agency staff, neighborhood groups, and local government officials. Rediscovering Governance series.

62. Gollub, James O.; and Waldhorn, Steve A.
SRI International, Menlo Park, CA. Center for Urban and Regional Policy.
Using Nonservice Approaches to Strengthen Small Business in Urban Neighborhoods: A Regional Perspective.
Aug 79, 37p
SHR-0006494 Available from Publication Services, SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025.

This report examines specific local government strategies, encompassing both service and nonservice approaches, for strengthening urban neighborhood business in region 9 (western United States). Because small business plays different roles in declining, stabilizing, and rising neighborhoods, local government intervention differs in each type of neighborhood. In declining neighborhoods, there is more direct provision of services in the form of subsidized loans for capital improvements. In stabilizing and rising neighborhoods, there is a greater emphasis on nonservice strategies including zoning changes, sign controls, and assistance with marketing strategies designed to maintain, reach, or expand the markets of local businesses. In region 9, some of the nonservice approaches being used to aid small businesses include zoning revisions; flexible code enforcement; implementation and enforcement of design, parking, and hotel rate controls ordinances; and development of master plans for institutional control and university expansion. Other strategies are tax abatements for improvements in commercial areas; special procurement policies aimed at strengthening small business; provision of bid discounts and bonding assistance to small business; streamlining or expedition of license, permit, and zoning changes; decentralization of city offices; collaboration with banks to provide neighborhood credit; and city development or collaboration with development corporations. Five tables are included. A bibliography of 18 references is appended. SRI Project 1069. Rediscovering Governance series.

63. Gresser, Eve.
Prince George's County Hotline, Inc., Hyattsville, MD.
Trainers Manual for Prince George's County Hotline Initial Training.
1978, 155p
SHR-0006647 Available from Hotline, 5200 Baltimore Boulevard, Hyattsville, MD 20781.

63.

This manual is primarily designed to serve as a guide and resource for trainers who present the initial training for volunteer hotline counselors in Prince Georges County, Md. The first two modules offer an orientation to Hotline, Inc., as an agency and begin the process of group building and values clarification. Modules three through eight teach the counseling model from feedback and the helping relationship to reflective listening and crisis theory and interventions. Problem solving is presented as the culmination of this counseling model. Modules 9 through 12 provide information and skills needed in situation crises: drugs, victims, suicide, and sexuality. Module 13 covers two agency programs: Hidden Entrance and Hotline for the Deaf. Hidden Entrance is a crisis intervention outreach program that operates 24 hours a day, 7 days a week, and that is brought to the clients in their homes or offices. In addition, two aspects of the telephone service are described: Hotline's logistics and the issue of chronic callers. Module 14 provides a closure to the training package. The modules are divided into seven sessions. Each of these sessions is preceded by a schedule, and each module is introduced by a page which cites goals, behavioral objectives, trainer preparation, and materials needed. Additional resource materials are appended. (Author abstract modified).

64. Gutowski, Michael; and Kimmich, Madeleine.
Administration on Aging, Washington, DC.
Shades of Gray: A Portrait of the Elderly in Five Metropolitan Areas.
May 81, 158p
SHR-0007295 Available from the Social Services Research Division, The Urban Institute, 2100 M Street NW, Washington, DC 20037.

Data are provided on the demographic, economic, housing, and neighborhood characteristics of the elderly in five metropolitan areas: Boston, Mass.; Detroit, Mich.; Atlanta, Ga.; Portland, Maine; and Phoenix, Ariz. Major trends and policy issues related to the elderly are discussed, based on comparative analyses of the data for the five areas. The main data sources for the study were the Annual Housing Surveys from 1974 to 1976. The five cities chosen for the study reflect the diversity in American cities. Findings show that the suburban elderly population is growing faster than the central city's elderly population in both absolute and relative terms. By the end of the century, the same proportion of elderly residents will live in the central city as in the suburbs. Older people currently live in older houses and do not move as often as younger households. On the average, the suburban elderly have higher incomes and educational levels, better housing, and higher rates of home ownership than do the central city elderly; however, neither group of elderly is homogeneous. Efforts to channel scarce public and private resources to those most in need should be based on an understanding of the variability in relevant characteristics among the central city and suburban aged. Characteristics of social service delivery vary considerably across the five areas examined. For example, Phoenix and Atlanta have centralized Area Agencies on Aging, while the other three cities have multiple local agencies. Moreover, methods used to perform needs assessments and to allocate title III funds also vary. More central city than suburban dollars are spent for transportation, home repairs, adult day care, and health screening. Suburban spending focuses more on home health services, legal services, outreach, and counseling. Transportation is a particularly critical problem for the elderly. Among policy implications of these findings are that the needs of selected groups must be considered, renters warrant special attention, and transportation and home maintenance are two service areas that appear to need more attention in the suburbs. In addition, the graying of suburbia indicates the need to plan and use public facilities, such as schools, for people in all stages of the life cycle. Charts, tables, and appendices presenting maps and numerous data tables are provided. Research Paper.

65. Haapanen, Rudy; and Rudisill, David.
Law Enforcement Assistance Administration, Washington, DC.
Evaluation of Youth Service Bureaus: Final Report.
Feb 80, 286p Executive Summary available from PROJECT SHARE.
SHR-0007333 Available from California Youth Authority, Dept. of Youth Authority, Div. of Research, 4241 Williamsbourgh Dr., Sacramento, CA 95820.

Findings are reported from a 3-year evaluation designed to assess the effectiveness of nine California youth service bureaus (YSB's) in (1) preventing or reducing delinquent behavior among clients, (2) diverting youth from the juvenile justice system, and (3) developing opportunities for youth to function as responsible members of their communities. The research focused on clients of the participating YSB's during the 1977 to 1978 fiscal year. The main thrust of the evaluation was a pre / post study of changes in delinquency, in other forms of misbehavior, and in attitudes among clients who received direct services. These factors were examined through the same procedure using control groups from the juvenile justice system (primarily youth convicted of criminal offenses) and local schools. Delinquency was measured by police contacts and a self-report scale provided on a questionnaire. The questionnaire also included several scales designed to measure family relations, attitudes toward school, self-concept, and minor misbehavior. The evaluation also examined the extent to which YSB's diverted youth from the juvenile justice system. Community members were also interviewed about their opinions as to the value of YSB's. Findings indicate that YSB's are not effectively reducing delinquent behavior using the standard nonintensive direct services studied—primarily counseling, but also recreation. YSB clients, however, did not perform worse than youths handled in the juvenile justice system. Thus, YSB's do no measurable harm to the community, while providing an alternative to the juvenile justice system. YSB's did appear to be effective in diverting youth from further justice system processing. Individuals and agencies in the communities served by the YSB's felt that their services to youth were valuable and necessary, particularly in the area of short-term guidance, an area of need not being met by other youth-serving agencies. Evaluation instruments and program descriptions are appended; 20 references and tabular data are provided.

66. Harrell, Sharon A.; and Orem, Reginald C.
Kirschner Associates, Inc., Washington, DC.
Preventing Child Abuse and Neglect: A Guide for Staff in Residential Institutions.
Apr 80, 62p
SHR-0007035 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-092-00061-8.

Designed for staff and administrators of direct care institutions, social work professionals, and court and law enforcement personnel, this manual provides a framework for understanding and combating child abuse and neglect in institutions. Acts of undesirable behavior toward children in residential institutions range from criminal physical abuse and neglect, through varying degrees of emotional abuse, to questions essentially involving optimal versus suboptimal treatment and environment. The children that are institutionalized are often unresponsive or "acting-out." The staff often suffers from burnout, the institutional atmosphere is often overcrowded and lacking in a sense of family. If institutional staff are to identify and report child abuse and neglect, they must receive preservice and inservice training regarding physical and behavioral indicators of abuse and pertinent internal and external reporting procedures and responsibilities. It is necessary to consult State statutes to be certain just what

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is considered maltreatment and how and when to report it. Federal regulations specifically require that the State child abuse reporting law provides an investigation by an outside, disinterested agency. The following topics have a direct bearing on the problem of institutional child abuse and neglect and should be addressed in the policies of all institutions: corporal punishment, use of force, seclusion or isolation, allowable sanctions, resident safety, sexual relations with residents, resident property, and use of medication. Institutions must establish policies that ensure that children, their families, and staff are aware of residents' rights and that their rights are protected and enforced. Staff training, ombudspersons, institutional advocacy programs, child self–reporting, and community review are detailed. Sample residential standards, a policy on resident rights, the disciplinary code, illustrations, and 20 references are provided.

67. Harris, Robert; Seidman, Bert; Torrey, Barbara Boyle; and Storey, James R.
Urban Inst., Washington, DC.
Does Retirement Have a Future. Three Views.
1980, 25p
SHR-0007781 Available from the Urban Institute, 2100 M Street NW, Washington, DC 20037, order number URI31400.

This report presents several views on the future of retirement in the United States. One paper discusses the role of the social security system as the primary source of retirement income support for most workers. Some recommendations of the 1979 Advisory Council on Social Security are also discussed. For example, improved and liberalized social security benefits are needed as a means of dealing with the problems of inadequate retirement income of many workers and uneven and inadequate coverage for most workers in other pension systems. These improvements can be financed by the infusion of general revenues into the social security system, rather than by payroll taxes. Furthermore, only public systems, such as social security, can assure adequate protection against inflation through indexing and government financing. Another paper summarizes data on workers' perceptions, expectations, and fears about their retirement income and notes that their concerns are rooted in reality. The case for expansion, improvement, and reform of private pensions is presented, noting that a recent presidential commission argued against further liberalizations of the social security system because of concerns over the already high payroll tax. The final paper focuses on the implications of encouraging people to retire later than they had planned. Reversing the trend toward early retirement could increase revenues of retirement plans and reduce benefit payments; such a reversal is desired by many older workers. However, public and private policymakers will be faced with the need to control costs and deal both with those who are effectively disabled but who cannot qualify for total disability benefits and with the chronically unemployed. Nine references are provided. (Author abstract modified). Urban Institute Paper. Based on presentations made at the 107th Annual Forum of the National Conference on Social Welfare, Cleveland, Ohio, May 21, 1980.

68. Health and Welfare Council of Central Maryland, Inc., Baltimore.
Handbook for Agency Self-Assessment: Standards for Evaluating Administrative Practices of Human Service Organizations. Volume I.
1980, 79p
SHR-0006806 Available from Health and Welfare Council of Central Maryland, Inc., 22 Light Street, Baltimore, MD 21202.

This handbook was developed for organizations involved in human service activities. It is primarily designed to assist voluntary organizations assess their administrative practices, but parts of it are also applicable to governmental organizations. The work consists of generic standards of administration and indicators of adherence to the standards which are believed to have general applicability to the management of human service organizations. The standards are intended to assist agencies in reviewing their administrative practices and in planning needed corrective actions and improvements. The handbook can also be used as an instrument to facilitate program planning and evaluation, as a tool to complement financial audits, and as a reference list to identify problems and issues requiring attention. Standards were selected through a review of available literature on the administration of human service organizations and published materials developed by nationally recognized human service organizations. Specific standards described herein focus on governance, financial aspects, personnel management, recordkeeping and statistics, legal obligations and reporting requirements, organizational planning, and community involvement and consumer access to programs. To facilitate the process of self-assessment, each standard is accompanied by selected indicators of practice. The indicators of practice provide a brief description of some measures which can help the agency determine the degree of correspondence between existing practice and the standard. The indicators are presented below each standard in the form of a checklist. In general, the agency board should take responsibility for initiating and monitoring the assessment process. Extensive checklist forms and an appendix are provided in the handbook. (Author abstract modified).

69. Hoffman, Frederick; Miller, Dorothy; and Miller, Donald.
Office of Human Development Services, Washington, DC.
Group Homes: Idea and Actuality.
1980, 13p
SHR-0007669 Available from Frederick Hoffman, 9215 Wakefield Avenue, Panorama City, CA 91402.

The historical development and definitions of group homes for troubled and troublesome adolescents are reviewed and compared with the findings of a study of 33 group homes in the Los Angeles, Calif., area. It was found that group homes are the least restrictive alternative for juvenile delinquents and status offenders who would have been previously institutionalized. They are funded primarily from Federal funds which replace the traditional State / local funding for out-of-home care. This has greatly expanded the amount of funding available. However, there are no accountability systems built into the purchase-of-service contracts which permit evaluations of their efficiency. The findings show that placement workers feel group home operators have too much power and too little accountability; the same is true for the group home workers' view of the placement agency. The most pressing problem is that there are not enough group home facilities to complete the spectrum of treatment modalities and to permit true specialization of services. A total of 18 references are provided. (Author abstract modified).

70. Human Services Planning Council of Schenectady County, Inc., NY.
INFOLINE: Report on Services, June 1977-December 1979.
1980, 38p
SHR-0006361 Available from Human Services Planning Council of Schenectady County, Inc., 432 State Street, Room 220, Schenectady, NY 12305.

This report describes the activities of INFOLINE, a countywide telephone information and referral service operating in Schenectady, N.Y. The service links county residents to human services agencies and organizations capable of meeting their needs. INFOLINE uses both paid staff and volunteers and is funded primarily from local sources. The majority of service users during 3 years of operation have been adults aged 21 to 59. Most users were employed and married, and most were from two-parent families living in their own homes. A total of 72.8

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percent of the users were women; 27.2 percent were men. About 77 percent of the calls were initiated by the individual, friends accounted for about 14 percent of the calls, and agencies accounted for about 6 percent. The largest number of users had learned about the service through printed materials; the next largest group had learned of INFOLINE through a local human service agency. Community education and information was the most frequently requested information; self-help groups and protective services were the least frequently requested categories. Referrals were most often made to the local community action program, and nearly 67 percent of the people requesting assistance through the service received it. Failure of the user to make contact with the agency was the most frequently given reason why assistance was not obtained. The service's resource file and classification system are described, and case studies are provided. Tabular data are included with a financial statement and an information request form.

71. Illinois Dept. of Children and Family Services, Springfield.
We Care for Kids: A Handbook for Foster Parents.
Mar 77, 47p
SHR-0006455 Available from Ms. Donnella Bishop, Cook County Staff Development Coordinator, 510 N. Dearborn Street, Chicago, IL 60610.

A handbook for foster parents is provided by the Illinois Department of Children and Family Services. The discussion of legal rights and responsibilities covers rights and responsibilities of the guardian through the Juvenile Court Act, the rights and responsibilities through voluntary temporary custody, the rights and responsibilities of natural parents when the child is in placement under court order, and the rights and responsibilities of foster parents. With reference to the foster home, the issues addressed are licensing, training, the conventional home, specialized service homes, and the emergency foster home. The foster child is discussed under the topics of foster care placement, discipline, removals, and emergency service. The payments and expense items considered are clothing allowance, payment of personal allowance to foster child, school expenses, preschool readiness program, medical expenses, special service fees, music lessons and rental fees, camp fees and other nonrecurrent items, payments for specialized foster family care, internal revenue ruling on payment for foster care, and transportation. Medical care is examined in discussions of the medical eligibility card, preventive care, treatment, procedures requiring prior approval, foster parent responsibilities, worker responsibilities, and consent for surgery. Other aspects of foster care treated are confidentiality and family contacts, resources, education and religion, and complaints and grievances. The appendices contain discussions of the responsibilities and duties of the juvenile court, the guardianship administrator, field / casework staff as agents for the guardianship administrator, and the foster parent or institution as actual custodian of ward; and a description of the foster parent council.

72. Illinois Univ. at Urbana-Champaign. Community Research Forum.
Removing Children From Adult Jails: A Guide to Action.
May 80, 112p
SHR-0006855 Available from University of Illinois Press, PO Box 5081, Champaign, IL 61820.

This guide provides information and direction for State and local government agencies as well as citizen advocacy groups working toward removing children from adult jails and lockups. Most of the estimated 500,000 juveniles a year held in adult jails and lockups are confined for property or minor offenses; 18 percent are in jails for acts such as running away or for status offenses. A recent study of 755,000 juvenile runaways by the Department of Health, Education, and Welfare shows that many were not seeking adventure but were fleeing emotional, physical, and sexual abuse. A nine–State study by the Children's Defense Fund describes the dire consequences of placing children in adult jails. The rationale for such placement is examined, and the case for removal is presented in view of the requirements of the Juvenile Justice and Delinquency Prevention Act of 1974. The successful resolution of these problems must be based on three precepts: the decision to place a juvenile in a residential program must be determined by objective and specific criteria; a residential program must be viewed within the context of a network of alternative programs directed toward the use of the least restrictive setting for each youth; and residential programs must be developed from the perspective of the young persons to be served, not from that of criminal justice personnel. Home detention programs, attention homes, runaway programs, and private residential foster homes are described as alternatives to adult jails. The concept of the juvenile services center is advocated, as well as community involvement to prevent juveniles from being inappropriately confined. Tables, illustrations, and diagrams are provided. Appendices provide information about technical assistance, State planning agencies, and youth advocacy resources. Approximately 40 references are given.

73. Iowa Dept. of Social Services, Des Moines. Bureau of Review and Evaluations.
Foster Care in Iowa: A Closer Look.
Nov 80, 136p
SHR-0006552 Available from Iowa Dept. of Social Services, Division of Operations Control, Bureau of Review and Evaluations, Hoover Bldg., Des Moines, IA 50319.

This study examines the foster care program operating in Iowa in order to develop recommendations which would improve service to children and their families. The study data included a professional literature, a sample of foster care case records, interviews with randomly selected persons involved in either the delivery or receipt of foster care services, and input from a committee of experts in child welfare and human service management. The primary study population consisted of all children in the Department of Social Service's supervised or financed out–of–home placements in the month of November 1979. It included children in placement in foster family homes, group homes, residential treatment facilities, emergency shelters, independent living arrangements, trial home placements, and the three State juvenile institutions. Study findings and recommendations are classified according to these categories: alternatives to out–of–home placements; recruitment, licensing, and ongoing support of foster family homes; case planning and management; the roles of private agencies and of the courts; monitoring and accountability of the foster care program; and costs and funding of foster care. Footnotes and 34 tables are provided. A list of those on the foster care study review and advisory committee, a list of foster care resources, and the data collection schedules are appended.

74. Itzkow, Martin.
Volunteer Centre of Winnipeg, Manitoba.
Training the Volunteer Visitor: A Manual of Techniques and Experiences in Training Volunteers Visiting Isolated Retired Persons.
1980, 187p
SHR-0006092 Available from Volunteer Centre of Winnipeg, 311-267 Edmonton St., Winnipeg (Manitoba) Canada R3C 1S1.

This manual offers a consistent, coherent, and organized package for training volunteers visiting physically or socially isolated senior citizens. It is intended for use by volunteers of the Friendly Visiting Service (City of Winnipeg, Canada) as well as by similar agencies. The introductory chapter presents the forms used in

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preparation for and during the training sessions, such as the invitation letters to volunteers, the volunteers' return notification form, and participant reaction forms to gather responses to the program. The second chapter covers the orientation session which instructs volunteers about the background of the friendly visiting service and makes them aware of the need for service. A communication skills workshop teaches the elements of basic communication; the practice of good listening, attending, and responding skills; and an introduction into the nature of relationships. The sensory loss workshop teaches the basics of human physiology, informs on the physical changes involved in growing older, and sharpens awareness of how sensory loss affects human behavior. The workshop entitled "The Helping Relationship" teaches the elements of the volunteers' relationship to the client, sharpens awareness of the volunteers' attitudes and values with regard to helping others, summarizes past workshop concepts, and moves the volunteers into their helping activity. The final section of the manual presents numerous exercises complementing the communications skills and the sensory loss workshop. These exercises include interpreting expressions, role playing, and sensory awareness exercises. The manual includes copious instructional materials and suggestions for classroom activities. A 26–item bibliography is appended.

75. Janchill, Mary Paul.
Human Services Workshops, New York.
Guidelines for Decision-Making in Child Welfare: Case Assessment, Service Planning and Appropriateness in Service Selection.
1981, 93p
SHR-0007631 Available from the Human Services Workshops, 12 West 12th Street, New York, NY 10011.

Principles and methods in case assessment and service planning and criteria for the appropriate selection of children's services are examined in this discussion of guidelines to decisionmaking in child welfare. A methodology for service plans consistent with principles of case assessment consists of the following guidelines: (1) the service plan should be directly related to a case assessment which is done by needs assessment and option surveys, (2) the service plan must reflect a selection of supports and helps based on a holistic view of all factors affecting child development, (3) selected action steps should be specified that point toward the goal of intervention, (4) the service plan should be consistent with the principle of least restrictive alternative, (5) the service plan should contain estimated time frames for action steps and their implementation, and (6) provision should be made for periodic reviews to reassess and revise the service plan. Case studies are provided to illustrate application of the methodology. The discussion of criteria for the appropriate selection of services considers the use of preventive community support services, supportive services for adolescents, services to families and children through foster care placement, variables affecting the choice of residential care, and adoption. Selection of services for children is discussed in the areas affecting mental health, mental retardation and developmental disabilities, autistic children, cerebral palsy, epilepsy, and other neurological impairments. Services provided by New York State Division of Youth and the New York State Education Department are also described. Twenty–nine references are supplied.

76. Jardins, Charlotte Des.
Coordinating Council for Handicapped Children, Chicago, IL.
How to Organize an Effective Parent/Advocacy Group and Move Bureaucracies.
1980, 139p
SHR-0007332 Available from Coordinating Council for Handicapped Children, 407 S. Dearborn Street, Room 680, Chicago, IL 60605.

This book is intended to help parents of handicapped children to establish parent / advocacy groups. Such groups can give members the power to obtain those services which handicapped children are entitled to, to get legislation passed to provide needed services not yet mandated by law, and to become an effective advocate on behalf of handicapped children. Advocacy involves helping parents to help themselves. It does not involve taking over the parents' life or problems and making decisions for them. Information presented in the work covers organizing an effective parent / advocacy group, choosing effective leaders, and reaching out to other parents. Other topics include moving bureaucracies, the necessity of legal counsel, lobbying, the power of speech, and how to open an appropriate program in the public schools and obtain funding. The guide concludes by discussing the roles of students, professionals, disabled adults, and volunteers. The book emphasizes that parent groups are effective in ensuring that the handicapped child receives appropriate medical treatment and educational training. Parents have the potential to become the best advocates because they are sufficiently motivated to move bureaucracies. Appendices are provided in the book. Second edition.

77. Jensen, Val; and Koeck, Cynthia.
Minnesota State Planning Agency, St. Paul. Human Resources Planning.
Energy Policy and the Elderly. Minnesota's Elderly in the 1990's.
Mar 81, 74p
SHR-0007170 Available NTIS PC $09.00/MF $4.00

This report, which is part of a larger study of Minnesota's elderly population and long-range planning vis-a-vis the elderly, examines the potential impact upon the elderly of a market-based energy policy. There are indications of a growing acceptance of a market-based energy policy, which will rely primarily upon market forces to determine the supply, price, and allocation of energy resources. The costs of relying upon such a policy will be borne disproportionately by low-income persons. In 1975, the income of households headed by elderly persons was found to be 39 percent less than that of nonelderly households. This, in turn, affects the quality of housing in which the elderly live. Further, the elderly suffer from health problems to a greater extent than the nonelderly, thus creating a significant additional expense. An individual's ability to afford heat is directly related to income and the characteristics of his / her housing. The elderly are also limited in their ability to conserve heat, because their susceptibility to illness and hypothermia (abnormally low body temperatures) requires that adequate levels of heat be maintained for health purposes. It appears inevitable that a market-based energy policy will produce energy prices which will exceed increases in incomes for the elderly. Also, as fuel prices increase and households substitute gas, electricity, or propane for oil, there will be less incentive for fuel oil suppliers to stay in Minnesota. This will hurt rural areas in particular, since they are heated primarily by fuel oil. The overall impact of declining supplies of energy to the State, combined with increased energy prices, could significantly slow the State's economic growth, which would in turn reduce the State's capacity to assist low-income households with energy-related problems. There is a strong indication that there will be few alternatives for mitigating the effects of rising energy prices on the elderly poor except through existing income security policy. Program summaries and a bibliography are appended, and tabular data are included. (Author abstract modified).

78. JWK International Corp., Annandale, VA.
Evaluation of RSA Programs for Blind and Visually Handicapped Persons: National Report.
Jan 81, 238p
SHR-0006853 Available from Rehabilitation Information Center, 4407 Eighth Street NE, Catholic University, Washington, DC 20017.

78.

This report explores the effects of organizational and administrative structures of vocational rehabilitation (VR) agencies on the delivery of services to blind and visually handicapped clients. The information was gathered during orientation visits to four State vocational rehabilitation agencies, visits to two Rehabilitation Services Administration (RSA) regional offices, and consultation with leaders in the field of services to the blind and visually handicapped. Results showed that blind VR clients are better served in specialized caseloads and that the cost of services tends to increase with the length of time a client spends in the VR process. It was also found that visually handicapped clients are typically placed in competitive employment or homemaking and that visually handicapped clients are as satisfied with VR services as are other handicapped clients. Findings also revealed a lack of communication between the three components of the VR system (State agencies, regional offices, and the Bureau of the Blind and Visually Handicapped) and confusion concerning the essential functions of these components. It was recommended that blind and visually handicapped VR clients be served in specialized caseloads of only blind and visually handicapped clients, and the roles of the regional offices and the Bureau of the Blind and Visually Handicapped be clearly defined. It was also recommended that communication among the three components of the VR system be improved, that inservice training be made available to rehabilitation counselors and regional office staff, and that the study be disseminated by the National Rehabilitation Information Center. Tables and appendices presenting detailed information on study design, data analysis methodology, and statistical results are provided.

79. Klafter, Francis.
National Gray Panthers, Philadelphia, PA.
Gray Panther Manual, Vol. II: Programs for Action.
Mar 80, 182p
SHR-0007356 Available from National Gray Panthers, 3635 Chestnut Street, Philadelphia, PA 19104.

Advocacy techniques and programs for action in the areas of health care and economic issues related to the elderly are presented in this manual developed as a result of a 1979 Gray Panther training conference held in Chevy Chase, Md. The manual is addressed to local groups of advocates for the elderly. It focuses on such tools as community organizing, leadership skills, and grassroots fundraising. Other topics addressed include methods of working with a bureaucracy, the effective use of the media, and methods of working for legislation. Inflation and related economic issues and their effects on the elderly are also discussed. An introduction challenges the widely held views that high unemployment is necessary to curb inflation, that the military budget must be the top priority while human services are cut to reduce inflation, and that Federal spending rather than excessive private profits is responsible for inflation. Individual papers discuss alternatives to such measures as Proposition 13, action strategies such as the formation of food cooperatives to combat rising food prices, and such housing efforts as shared housing and organizing to preserve rental housing. Papers on income maintenance for the elderly discuss social security, pensions, and social security supplementation. Eight papers on energy discuss action programs related to synfuels, solar energy, emergency energy programs, community–based energy audit programs, and nuclear power. Local strategies for supporting public transportation are also reviewed. A discussion of action programs related to health care for the elderly focuses on national health proposals, medicare, a continuum of care for the elderly ill and the disabled, and nursing home reforms. Other papers discuss organizing for better health for older women and the poor, medicaid, provisions of the Hill–Burton Act, health planning, and holistic health. Reference lists are provided for many of the papers. See also related document, Volume 1, SHR-0007355. Revised edition.

80. Kliment, Stephan A.
American Inst. of Architects, New York.
Into the Mainstream: A Syllabus for a Barrier-Free Environment.
Jun 75, 44p
SHR-0006940 Available from American Institute of Architects, 1735 New York Avenue NW, Washington, DC 20006.

This syllabus on barrier-free environments is written for health professionals, architects, builders, facilities managers or administrators, private citizens, and community workers. It gives an historical overview of events in the United States in the past generation which helped make buildings and spaces accessible to handicapped persons. A review of the most recent laws, codes, and standards that prescribe accessibility is provided. The document describes the basic barrier conditions, both physical and procedural, which the handicapped face and which must be resolved. These include narrow parking spaces, walkways, entrances, stairs, and elevators. In addition to service barriers (such as those in restrooms and by water fountains and coin-operated telephones), the syllabus describes barriers unique to certain building types, the special problems of transportation terminals, product design costs and issues, and renovations to existing buildings. One chapter contains solutions to the removal of barriers including drawings that illustrate some of the most common conditions. Techniques for organizing barrier-free action groups in the community are given as well as methods and local laws and regulations. The final chapter offers supplementary sources of information. Published sources are arranged under nine headings: general design guides; legal and legislative codes; ordinances and regulations; compliance and advocacy; product design; travel and transportation; periodicals and information services; and films. Also included is a sample questionnaire for use in evaluating accessibility of buildings in the community. The second part of the chapter is a listing of important public and private (voluntary) agencies whose staffs can focus on particular areas. A sample building survey and an accessibility compliance checklist are appended. (Author abstract modified).

81. Lacayo, Carmela G.; and Crawford, Jean K.
National Association for Hispanic Elderly. Los Angeles, CA.
National Study to Assess the Service Needs of the Hispanic Elderly. Final Report.
Dec 80, 472p
SHR-0007044 Available from Asociacion Nacional Pro Personas Mayores, 1730 W. Olympic Blvd., Suite 401, Los Angeles, CA 90015.

A multistage probability sampling method was used to collect data on the Hispanic elderly in the United States and to assess their needs. The study was based on the belief that Hispanics are one of the country's most disadvantaged minority groups in terms of access to social services and the degree to which cultural differences, especially language, inhibit their full use of services provided by Anglos. As the first national needs assessment survey of elderly Hispanics this study provides a descriptive analysis of the four main groups comprising older Hispanics: Cubans, Mexican Americans, Puerto Ricans, and other Hispanics. The nationwide sample, taken from 15 States, consisted of 1,803 individuals aged 55 or older. The sample included 1,162 Mexican Americans, 209 Cubans, 234 Puerto Ricans, and 198 other Hispanics. Older Hispanics who met the research criteria were interviewed by trained bilingual interviewers—in many cases older Hispanics themselves. In hour-long interviews, respondents answered questions relating to demographic characteristics, personal attributes, and use of and need for social services. Data analysis revealed that Hispanics exhibit characteristics of both homogeneity and heterogeneity. While linguistic and cultural similarities are shared, the subgroups tend to vary in terms of family structures, residential patterns, and degrees of acculturation. It was found that approximately 40 percent of older Hispanics use no social services, while 76 percent report unmet needs for services. Only 55 percent of older Hispanics aged 65 or older received Social Security benefits. Another main finding is that while informal network supports are available for many older Hispanics, financial support from this source is minimal in that only 4.2 percent receive financial assistance from family members. Arthritis is the most prevalent ailment among older Hispanics, followed by blood pressure, heart and circulation problems. Among Mexican Americans, diabetes is the third ranking disease. The preferred language of the interview for 86 percent of the respondents was Spanish, indicating to policymakers that this population would similarly prefer to be served by institutional representatives who speak their language. Extensive tabular and graphic material is included with the text. The appendix contains the needs assessment questionnaire in both English and Spanish. A bibliography containing 132 entries is provided.

82. LeClair, Daniel P.
Massachusetts Dept. of Correction, Boston.
Community Reintegration of Prison Releases: Results of the Massachusetts Experience.
Mar 81, 18p
SHR-0006695 Available from Massachusetts Department of Correction, Research Unit, 21st floor, 100 Cambridge Street, Boston, MA 02202.

This report summarizes the results of recidivism studies by the Research Unit of the Massachusetts Department of Correction since the introduction of reintegration programs in the State prison systems. These studies have shown that the introduction of such programs is directly related to a decline in rates of recidivism (defined here as the return to prison within 1 year). In the year 1971, 1 year prior to the introduction of the reintegration model, the recidivism rate for the combined population of State prison releases was 25 percent. In the successive 7 years, with the introduction and expansion of the reintegration model, the recidivism rate dropped to its current level of 16 percent. Research results provide clear evidence that participation in graduated reintegration programs such as prerelease centers and the home furlough program reduces the probability of recidivism. It was shown that programs generally geared to maintain, establish, or reestablish general societal links in terms of economic, political, and social roles have led to a reduction in recidivism. Additionally, these results show that when an individual has been gradually reintroduced to society, the chances of recidivism lessen. Thus, the research demonstrates the effectiveness of the recent establishment of the community-based correctional apparatus in Massachusetts. Six tables present research data and findings and 13 references are provided. (Author abstract modified). Paper originally presented to the Massachusetts Association for the Professional Treatment of Offenders, Chestnut Hill, January 7, 1981.

83. Levy, Joanne H.; and Kominski, Gerald F.
National Health Care Management Center, Philadelphia, PA.
Management of Multi-Institutional Systems. May 12-13, 1980.
May 80, 77p
SHR-0007670 Available from National Health Care Management Center at the Leonard Davis Institute of Health Economics, University of Pennsylvania, 3641 Locust Walk/CE, Philadelphia, PA 19104.

A conference synopsis, edited transcripts of the panel presentations, and summaries of the working group sessions are presented from a 1980 conference that explored health care management research issues related to multiinstitutional systems. The plenary panel session on "status and trends" provided an overview of multiinstitutional systems from the perspectives of the provider, the regulator, and the researcher. The plenary session on "major thematic areas for research" outlined the issues upon which the conference would focus: macro industry structure, national policy formation, and institutional management. The working group on macro industry structure considered cost effectiveness and economics, the role and influence of competition, second-order effects, and factors affecting vertically integrated systems. The working group on national policy formation examined the impact of socioeconomic, demographic, and regulatory variables on hospitals; and planning activities and implications for multiinstitutional systems. The institutional management working group discussed quality differences among health institutions, multiinstitutional structures and decisionmaking processes, the governance of multiinstitutional systems, and the effect of system formation on manpower. The overall purposes of each working group session were to enumerate researchable problems related to multiinstitutional systems; discuss related methodological obstacles and issues; outline research designs; specify data needs, sources, and constraints; and identify limitations and the potential impact of proposed research. A list of conference participants is appended. National Research Conference Summary Paper, 1980 NHCMC conference held May 12-13, 1980.

84. Macdonald, Janet; Guren, Beth Ann; and Gaulin, Lynn.
Boston Coll., Chestnut Hill, MA. Graduate School of Social Work.
Employee Assistance Programs: A Challenge in the 80's.
Dec 80, 83p
SHR-0006470 Available NTIS PC $10.50/MF $4.00

This document provides a strategic plan for the development of employee assistance programs (EAP's) based on a literature search: a review of labor force and social services trends; industrial, service provider, and national United Way surveys; and interviews with the EAP representatives, public and private agency staff, labor representatives, and key personnel within the Boston United Community Planning Corporation and the United Way (both in Boston and nationally). An EAP is an occupational social service programming strategy for workers with alcohol, drug-related, family, or personal problems. Treatment methods include diagnosis and referral, counseling, education or training, and consultation. Part one of this document defines and discusses EAP's and considers the problems involved in developing a strategic plan for them. Part two applies the EAP concept to the workplace through a discussion of the nature and extent of employee problems, labor and management views on workplace problems, and the degree of assistance program effectiveness. The third part discusses barriers to service delivery; reviews various EAP models; and highlights the broad-brush model, a delivery system providing a range of services to all employees. Part four reviews environmental factors affecting program development including EAP company characteristics, the potential for EAP development in different types of companies, and the characteristics of agencies providing EAP services. Issues and planning assumptions involved in developing an EAP are summarized, and specific strategies appropriate to developing EAP's in the metropolitan Boston area are described. Included in this final part are a series of recommendations, a summarization of development options, a list of EAP program activities and the Boston social service units responsible for them, and a brief discussion of monitoring and evaluation strategies. Footnotes, charts, graphs, and a map are provided. Appendices include a strategic planning model flow chart, a list of program functions, a description of the Boston labor force, survey materials, and a bibliography composed of about 40 items.

85. Maine Dept. of Human Services, Augusta.
Title XX Administrative Review. State of Maine Department of Human Services.
Aug 79, 186p
SHR-0007388 Available from Department of Health and Human Services, Office of Human Development Services, Office of Program Coordination and Review, Region 1, John F. Kennedy Federal Bldg., Government Center, Boston, MA 02203.

Findings and recommendations are presented from a review of the Maine Department of Human Services (MDHS), with attention to the human service operations related to title XX, IV-B, and the Work Incentive Program (WIN) expenditures. The review was intended to examine how MDHS currently operates, with recommendations offered to improve operations. The review was based on data from documents relating to title XX activity in Maine and analysis of this material by Federal staff, interviews with Central Office and Field Office staff to determine agency operations in relation to title XX, interviews with top administrators of the agency and with public agencies interacting with title XX. To better fulfill its mandates, in the past 2 years MDHS has begun to reorganize. This is movement from a formerly inadequate organizational and functional status. The bureau has developed policies and procedures for the operation of most aspects of its various programs. Weaknesses remain in resource allocations, policies and procedures, planning and evaluation, regional offices, licensing, information systems, training, personnel administration, and still others. Appended are the Commissioner's letter requesting the review, a discussion of issues for the 80's in the face of declining human services funding, the formulation and implementation of the budget document, Maine WIN program indicators, a description of WIN, the joint working agreement between the Bureau of Human Services and the Bureau of Maine's Elderly, and comments by the Bureau of Maine's Elderly on the 1980 Comprehensive Annual Services Program Plan.

86. Maine Dept. of Mental Health and Corrections, Augusta.
Maine Juvenile Code Evaluation and Prevention, Rehabilitation, and Administration Plan.
Jan 80, 108p
SHR-0006212 Available from Maine Department of Mental Health and Corrections, Attn: Dorothy Scott, Station no. 40, 411 State Office Building, Augusta, ME 04333.

This analysis of the first year of a new Maine Juvenile Code (which became effective July 1, 1978), reports its effects upon the Juvenile Justice System and the efforts of the Department of Mental Health and Corrections toward prevention of juvenile crime and rehabilitation of juvenile offenders. The new juvenile code is based on the principle that the family, the most appropriate social unit for guiding juvenile behavior, exists within a larger social organization whose well-being must also be considered. Thus, the code intends to decrease the number of juveniles processed through the courts by the decriminalization of some acts (e.g., running away from home), and the creation of alternatives to detention. To this end, the Intake Worker and the intake process were established to deal with all juveniles with whom the police come in contact. Through the screening / investigative process, intake workers decide which cases could be appropriately handled without involving the court system. The core of the diversionary options available to the intake worker rests with restitution, attending school or being employed, and counseling. The successful completion rate of this program is 98 percent. However, as a result of the new code, and increasingly efficient law enforcement, there has been an increase in the number of arrests. Moreover, secure detentions of juvenile offenders have substantially increased since the code. A historical summary of the code and an overview of Maine crime are provided. The Bureau of Corrections and Department of Health and Corrections prevention plan for 1980 are described. The probation program, activities of the Maine Youth Center, and characteristics of youth detained there are also described. Tabular and graphic data and an executive summary are provided.

87. Mallik, Kalisankar; and Shaver, Elaine M.
George Washington Univ., Washington, DC. Job Development Lab.
Jobs and Self-Sufficiency: Goals of the Project, "Technical Support Services to the Developmentally Disabled, Region III."
1980, 104p
SHR-0006175 Available from Job Development Laboratory, Rehabilitation Research and Training Center (RT-9), George Washington Univ., 1300 Eye Street NW, Suite 714, Washington, DC 20037.

This eight-part report describes the work of the Job-Development Laboratory (JDL) project in responding to problems of disabled individuals. The problems were identified by the Region III Developmental Disabilities Office as being difficulties faced by mentally retarded, cerebral palsied, or epileptic clients in their service area. Each section of this report consists of a problem statement, a description of Region III services in the problem area, and discussions of activities and techniques useful in assisting clients with the problem. Problem areas detailed include vocational difficulties (such as obtaining competitive employment and sheltered employment), and medical and communications problems. JDL solutions to independent functioning problems include head protection, hand protection from self-abusive behavior, and the Carlo principle therapeutic toy, as well as solutions to drooling, poor seating, positioning, and stabilizing problems. Daily living activity topics include self-care in dress, grooming, hygiene, toileting, and difficulties with feeding and oral motor control. Dissemination and training activities are considered, and Region III information products are described. Training activities in Region III are then detailed. Many photographs of instructional materials are provided, and a matrix of client characteristics is included. Appendices present case histories and details for constructing and using therapeutic materials and protective gear.

88. Massachusetts Medicaid Advisory Board, Boston.
Recommendations for Cost Savings in the Massachusetts Medicaid Program.
1981, 37p
SHR-0007584 Available from National Clearinghouse for Legal Services, 500 N. Michigan Ave., Suite 1940, Chicago, IL 60611.

Thirty-six recommendations are presented for improving management of the Massachusetts medicaid program and for equalizing reimbursement policies in order to reduce medicaid expenditures while not hurting the old, the poor, and the sick who are most in need of health care services. The recommendations were developed by the Massachusetts Medicaid Advisory Board, an independent body established under Federal statutory authority and composed of recipients, health care providers, and taxpayers. The recommendations arose from concern over the content and timing of various options being considered by the Department of Public Welfare in order to cut about $250 million from the medicaid budget. The recommendations are designed to show that substantial savings can be realized without major cuts in the existing program. They focus on five areas: improved management, method of blocking unnecessary service utilization, service delivery, health planning, and reimbursement. Recommended management procedures include field audits of cost reports for nursing homes, uniform accounting principles, and stricter enforcement of medicaid policies forbidding double billing by hospitals and hospital-based physicians. Ways recommended to block unnecessary utilization include improved long-term care case management, monitoring of prescription drugs, and obtaining second opinions. It is also recommended that the use of such service delivery models as health maintenance organizations, noninstitutional long-term care, and foster care programs for the elderly and mentally retarded be increased. A more cautious policy regarding construction of new nursing home and hospital beds as well as other major capital expenditures is also recommended. Further recommendations include elimination of reimbursement for obsolete or worthless surgery or tests and for more than 1 day of hospitalization prior to surgery unless medically necessary. Additional recommendations and supporting arguments and data are provided.

89. Mathews, R. Mark; and Fawcett, Stephen B.
Matching Clients and Services: Information and Referral.
1981, 160p
SHR-0007198 Available from Sage Publications, PO Box 5024, Beverly Hills, CA 90210.

Steps for developing a comprehensive community information and referral system are discussed. The social service directory described is designed to be inexpensive and useful for both professional and nonprofessional staff of a variety of service organizations as they seek to match their clients' needs with the services offered by the many organizations and agencies in the community. Widespread adoption of this information and referral system in a community can foster interagency coordination and thus improve service delivery to clients. The text describes the tasks involved in developing an information and referral directory and discusses promoting interagency feedback and training community service workers in the skills involved in providing a referral. The text then details a recommended method by which service-givers can provide referrals to other social service agencies. Particular topics discussed are using the social service directory, arranging an appointment for a client, completing an interagency referral form, and handling special problems in providing a referral. A checklist for the entire process of providing information and referral services is included. The appendix provides a quality check and behavioral checklist for each training lesson on how to provide information and referral services. The checklists provide the instructor with a means for observing the student's performance and evaluating whether the student has learned the skill. Seven references and sample forms are provided. (Author abstract modified). Sage Human Services Guides, Volume 21. Published in cooperation with the Continuing Education Program in the Human Services of the University of Michigan School of Social Work.

90. McGill, Nancy A.
Institute for Health Planning, Madison, WI.
Effective Research: Handbook for Health Planners.
Jun 81, 33p
SHR-0007862 Available from James R. Kimmey, Executive Director, Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

This handbook is intended as a guide to assist health planners and those doing research for health planners in locating information in the literature of the field. In discussing the formulation of the search strategy, the topics considered are research purpose, which determines the type of information needed and how much time is warranted for the research; the research scope (whether it is to be selective or comprehensive); keywords (significant word from a title or document that is used as an index to content); availability of material (the extent to which desired information has been documented and distributed); likely location of answer (where relevant information is most likely to appear); and computerized versus manual retrieval. Information is provided on resources that can be used to retrieve needed information and bibliographic references to publications containing needed information. The reference resources considered cover journal literature, government documents and government-sponsored reports, monographs / books, statistics, clearinghouses, and other organizations. Final sections offer suggestions on acquiring materials and preparing reference lists and bibliographies.

91. Michigan State Dept. of Social Services, Lansing. Adult Protective Services Div.
Michigan Adult Protective Services: State Plan.
1980, 125p Executive Summary available from PROJECT SHARE.
SHR-0004761 Available NTIS PC $12.00/MF $4.00

The plan developed for adult protective services by the Michigan Department of Social Services in cooperation with the Department of Mental Health is outlined. The plan has been formulated after a 2-year period of needs assessment. The goal of the plan is provision of a number of remedial social, legal, and health services to adults over 18 years old confronted with harm from exploitation, abuse, or neglect. Research analysis suggests continuing growth in the need for such protective services in all age groups from 18 to over 61. Common problems are financial mismanagement and exploitation, legal problems, isolation, and health and housing problems of the elderly. Abuse of the elderly is less common. A number of modifications of enabling and related laws are recommended, including operational definitions of various types of harm, description of interagency areas for coordination, and parameters for protective custody and guardianship. Coordination of efforts of the Department of Social Services with the Departments of Mental Health and Public Health, as well as with the Office of Services to the Aging and the Department of Education is encouraged to prevent overlapping of services. Segmentation of services delivery within the Department of Education is encouraged to prevent overlapping of services. Segmentation of services delivery within the Department of Social Services can be avoided by provision of protective services within each of the major adult service program areas. The proposed program is designed to furnish preventive services such as adult day care and emergency adult home help; intervention in the areas of social and physical protection, aid in financial management, and guardianship. The need for immediate response to crises is emphasized. Protective services for stabilization include counseling, training, family planning, homemaking services, housing assistance, volunteer services, and legal assistance. Implementation of the services requires development of eligibility criteria, planning for day care center locations, and establishment of provider standards, as well as funding for many programs. Programs must be adjusted in keeping with changing needs and laws. According to current estimates, the total program budget should rise from about 1.2 to 3.1 million dollars from 1979 through 1980 to 1981 through 1982. A specific timetable for program implementation and extensive tables are supplied.

92. Monroe County Dept. of Social Services, Rochester, NY.
Three Year Plan for Day Care Services.
Mar 81, 138p
SHR-0007317 Available from Day Care: Central Intake, 30 North Clinton Avenue, Rochester, NY 14604.

This report presents a 3-year plan for day care services in Monroe County, N.Y., that was developed by a committee composed of businessmen, service providers, consumers, and representatives from local governments, the county Department of Social Services (DSS), and the United Way. Data sources included statistical information from the Center for Governmental

92.

Research and the DSS, community meetings, and surveys of consumers, providers, potential funders, and social service workers. Family day care and group day care services available in Monroe County are first described, followed by summaries of funding sources and the administrative organization of the day care system. The DSS administers the family day care service but contracts group day care to the United Way. A review of the data analyzed for the study covers business involvement in providing day care for employees, national and local population trends, and the results of a survey of Xerox Corporation employees. The report concludes with recommendations for the DSS and the United Way and comments that special attention should be given to developing affordable day care for those who are not eligible for subsidies and to controlling costs at the administrative and service levels. Other suggestions include consolidating all day care services under a single administrative unit, developing a satellite system model that offers several child care options, cooperating with school and recreation departments to increase after school day care services, and establishing infant care services in or near high schools for teenage parents. The appendices contain statistical tables, summaries of community meetings, the Xerox employee survey instrument and results, informational materials presented to the study committee, and reports on recipients of subsidized day care.

93. Morgan, Bruce B.; McKim, Robert L.; Thornton, Linda W.; Erickson, Patricia E.; and Cross, Marilyn.
Midwest Research Inst., Kansas City, MO.
Social Services Integration in Missouri. Volume I: Evaluation of Pike County Integrated Services Program.
9 Jun 78, 45p Executive Summary available from PROJECT SHARE.
SHR-0003078 Available NTIS PC $07.50/MF $4.00

This first volume of a two-volume report on the Pike County Integrated Services (PCIS) program in Missouri presents findings and implications from an evaluation of the program conducted between February 1978 and June 1978. PCIS was initiated in January 1977, under a subgrant to the Northeast Community Action Coalition. It was established to test the development and implementation of a case manager model of services integration and provide research useful to formulating State policies related to services integration. The case manager model was based on a single functional point of client entry, comprehensive case management, and a well-documented client pathway. The evaluation documents the results of the program, interagency cooperation and impacts of services, and transferability of the program to other counties in the State. Findings were based on interviews with agency administrators in Pike County and project staff, review of program data, and interviews with Missouri Department of Social Services agency administrations in selected counties across the State. The PCIS program was intended to (1) document problems, gaps, overlaps, and duplications in social services delivery in the county and (2) implement the case manager model in the county and test and evaluate its viability in improving the integration and coordination of social services delivery to clients. The model was found to have successfully met its original objectives, but it did not produce any noticeable changes in the way county agencies delivered services to clients. Services delivery to clients was integrated only to the extent that persons who had not previously received services were more appropriately referred to the proper agency. From the client perspective, the program was constructive. See also related document, SHR-0003079.

94. Morgan, Bruce B.; and Erickson, Patricia E.
Midwest Research Inst., Kansas City, MO.
Social Services Integration in Missouri. Volume II: Departmental Policies to Achieve Social Services Integration.

5 Jul 78, 28p Executive Summary available from PROJECT SHARE.
SHR-0003079 Available NTIS PC $07.50/MF $4.00

This second volume of a two-volume report on the Pike County Integrated Services program (Missouri) presents State-level policy implications of an evaluation of the program. The policy implications are based on information from interviews with local social service agency administrators and results of policy research. Service integration impediments and opportunities are discussed from the perspectives of the division directors of the Missouri Department of Social Services, and alternatives to social services integration are reviewed. Recommendations for implementing an integrated Division of Planning and Budget are also presented. The evaluation produced several basic policy implications. Among these were that commitment to services integration should be reaffirmed by the State Department of Social Services and that a formal State policy to encourage social services integration among local agencies should be developed. Other implications are that memoranda of understanding and interagency agreements should be developed to formalize social services integration and that efforts to document and disseminate existing and future interagency coordination approaches should be undertaken to provide guidance to counties currently without a social services integration system. It is expected that implementing social service integration in Missouri will improve service delivery to clients, improve resource allocations and accountability, and help implement within the Missouri Department of Social Services the intent of State reorganization.

95. Mott-McDonald Associates, Inc., Washington, DC.
Guide to Documenting a Local Program.
Dec 79, 63p
SHR-0006357 Available NTIS PC $09.00/MF $4.00

The recommended documentation process and report format is provided for child welfare programs seeking to qualify for inclusion in the Child Welfare Resource Information Exchange, an organization committed to identifying unsuccessful child welfare programs and practices and assisting in the transfer of successful programs / practices to other settings. The major activities of the documentation process are information collection, analysis and synthesis of information, and report writing. The principle sources of information for the documentation should be the program's written materials and conversations with program staff. Additionally, the documentor's personal observations of the program's operations can be a valuable source of information. As information is collected, it should be organized into the various sections specified, with the major categories being program environment, program management, program operations, and program evaluation. The synthesis of information, in addition to condensing the material and making it easily understood, may include the development of flow charts, organizational diagrams, and other useful graphics, which can be further explained by narrative descriptions. The format for the documentation report is outlined. At all stages of its development, the report should be reviewed by key program staff for accuracy and readability. The finished report should have the approval of the program director before it is sent outside the agency. A sample documentation report is provided for the Tressler-Lutheran Services Associates Adoption Program.

96. Muenchow, Susan.
Head Start Bureau, Washington, DC.
Head Start in the 1980's: Review and Recommendations.
Sep 80, 60p
SHR-0007058 Available from Administration for Children, Youth, and Families, 5030 Donohue Building, 400 6th Street SW, Washington, DC 20020.

96.

This report reviews the 15-year-old Head Start program that has served over 7.5 million economically disadvantaged children and their families and continues to serve over 375,000 children a year. Head Start is one of the Nation's largest deliverers of health care to poor children. There is evidence of gains lasting as long as 13 years after the children's Head Start or other preschool experience. Moreover, the program has fostered both parent involvement and career development. However, inflation is endangering the program's quality through severe cutbacks in the staff, hours, and services offered. The Revised Head Start Performance Standards should be implemented to protect child-staff ratios and class size. At least one teacher in every Head Start classroom should have a nationally recognized credential in child development, Head Start staff should receive improved benefits, and more emphasis should be placed on program and managerial resources. At the regional level, the caseload for community representatives should be gradually decreased, and funds should be specifically budgeted for training community representatives. Further, the Administration for Children, Youth, and Families should plan to serve more of the income-eligible children with a minimum of a 2-percent increase per year. The features of the Child and Family Resource Program should be gradually incorporated in the regular Head Start program, and Head Start should maintain its strong evaluation component. This component should explore which program features help which families, whether Head Start children may do better when they are mixed with children from higher income groups, and how easily the new Head Start programs were established and how they fit in with other child care programs. A bibliography of 55 references is included. (Author abstract modified). Report requested by the President of the United States.

97. Mund, Seymour; and Almada, Sharon.
Connecticut Dept. of Education, Hartford. Div. of Vocational Rehabilitation.
Manual for Administration of the State Plan.
1 Oct 80, 90p
SHR-0006631 Available from Hartford Division of Vocational Rehabilitation, 600 Asylum Avenue, Hartford, CT 06105.

This manual discusses the administration of the State Plan of the Division of Vocational Rehabilitation of the Connecticut State Department of Education. In discussing plan submittal and purpose, it is noted that no consolidated State Plan for vocational rehabilitation and developmental disabilities exists because the Department of Mental Retardation is now the designated State agency for developmental disability. Vocational rehabilitation for the blind is under a separate agency. All laws and their interpretations pertinent to the basic authority and organization for administration or supervision of administration of the vocational rehabilitation program are provided. The Division of Vocational Rehabilitation, operating within the framework of the State Board of Education, is to be primarily concerned with vocational and other rehabilitative activities for disabled persons and is to be responsible for the vocational rehabilitation program of the State, except for rehabilitation services for the blind. The organization of this State agency is described, and its personnel administration is discussed, with particular attention to the Affirmative Action Program, personnel policies and records, staffing, staff development, and participation by personnel in political activity. The agency's fiscal requirements and sources of State funds are also discussed. Other topics considered are the scope of the agency program; eligibility, ineligibility, and certification; methods of administration unique to vocational rehabilitation; general methods of administration; vocational rehabilitation services for disability beneficiaries paid from social security trust funds; vocational rehabilitation services for blind and disabled recipients paid from Supplemental Security Income program funds; and the State Plan for rehabilitation facilities. Workshop standards for the Connecticut Chapter International Association of Rehabilitation Facilities are included. Tables and organizational charts are included.

98. Myers, Phyllis.
Conservation Foundation, Washington, DC.
Neighborhood Conservation and the Elderly.
1978, 72p
SHR-0006375 Available from Conservation Foundation, 1717 Massachusetts Avenue NW, Washington, DC 20036.

The results of a study of the impacts of urban revitalization on housing for the elderly are reported. The study included a literature review, interviews with major advocacy group representatives, interviews with Federal officials, a survey of 33 Neighborhood Housing Services programs (NHS), site visits to NHS programs, telephone interviews, and site visits to New York City; Baltimore, Md.; and St. Louis, Mo., which included interviews with local officials and community group members. The characteristics of the urban elderly were identified and the effects of relocation during neighborhood revitalization efforts were examined. The extent of private renovation and its displacement effects were explored as well as the effects of Government stimulation on renovation practices and renovation's effect on the elderly. The report also discusses historic districting and its impact on the elderly and considers the effects of homesteading programs on the elderly's housing needs. NHS survey results and methodology were detailed. The survey indicated that elderly residents preferred to remain where they were, that local NHS staffs reported spending a great deal of time working with the elderly, that the elderly were the preponderant users of the high–risk loan fund offered by NHS, and that safety code enforcement strategies posed special problems for older persons. Recommendations include training community staff to meet psychic needs of the elderly and adapting safety code procedures that are more sensitive to the elderly. Discussions are illustrated with case reports from various cities. Notes and 67 references are provided, and appendices include the text of the NHS survey and a summary of responses to it.

99. National Association for State Information Systems, Lexington, KY.
1980-1981 NASIS Report. Information Systems Technology in State Government.
1981, 465p
SHR-0007247 Available from the National Association for State Information Systems, PO Box 11910, Lexington, KY 40578.

Findings are reported from the 1980 to 1981 nationwide survey of information systems technology in State government conducted by the National Association for State Information Systems. Objectives of the annual surveys are (1) to present an annual review of the state of the art in information systems and other computerization in the States; (2) to provide data for analysis of trends in State information systems; and (3) to assist in increasing the exchange of information among the States on information systems legislation, policies, management practices and problems, funding, and actual systems design and computer programs. The classes of data covered include coordination and control, computer inventory, personnel, training, difficulties experienced in electronic–data–processing management, formalized plans and documentation, intergovernmental information systems relationships, applications, funding, data security and privacy, and transfer projects. Some general findings are that total expenditures for information systems activities increased about 12 percent over the previous year, the growth in installed computers is mainly in the largest or smallest sizes, the use of consultants in operating the systems is widespread regardless of rising price of consulting contracts, and intergovernmental cooperation is low. Separate sections on judicial and legislative applications, computer installations, communications and data entry equipment, and off-line peripherals are provided in the appendices. Findings are provided in an executive summary.

100. National Association of Coordinators of State Programs for the Mentally Retarded, Arlington, VA.
Mental Retardation: Trends in State Services.
1976, 42p
SHR-0007069 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 040-000-00348-7.

This report identifies a few of the developments for retarded persons currently underway in the 50 States and suggests some of the implications of these trends. A total of 125 interviews with State mental retardation coordinators were conducted between September 1, 1974, and January 30, 1975. The report reviews recent trends in the organization of State governments and comments on their implications for the delivery of services to the mentally retarded. Patterns in regional and local service systems are also noted, as is the role of the private sector. Trends in public expenditures on mental retardation services, as viewed from the State level, are mentioned, and new developments in a variety of program areas are summarized. The areas covered include education, vocational rehabilitation, residential services, community-based services, and health and preventive services. In addition, the impact of Federal assistance on State and local agencies and some of the problems it has engendered are analyzed. Finally, the implications of the strong emphasis on retarded citizens' legal rights are covered. The interview schedule is appended, and footnotes and some tabular data are supplied. (Author abstract modified). One of four volumes in the Century of Decision series.

101. New Jersey State Dept. of Health, Trenton. Alcohol, Narcotic, and Drug Abuse Unit.
New Jersey Combined Alcohol and Drug Abuse Prevention and Treatment Plan, 1981.
1981, 83p
SHR-0006487 Available NTIS PC $10.50/MF $4.00

Progress through May 1980 and plans for fiscal year 1981 are presented in this New Jersey State plan for alcohol and drug abuse prevention and treatment programs, with emphasis on strategies to cope with reductions or elimination of Federal funding and an increase in the availability and use of heroin. An introduction presents data supporting the conclusion that heroin availability and use have been growing in New Jersey and discusses the need for a dynamic management approach to accomplish restructuring of funding for treatment and nontreatment services. A section describing the current systems presents such information as an organizational chart, a profile of the individuals involved in 80 alcoholism programs in New Jersey during 1979, a discussion of countermeasures being used to combat the problem of drinking drivers, and a list of licensed residential alcohol treatment facilities. Performance reports for 1980 for the Division of Alcoholism and the Division of Narcotic and Drug Abuse are next presented. Alcoholism treatment service needs in the areas of nonhospital detoxification, halfway houses, and residential treatment are summarized. Program action plans regarding alcoholism and drug abuse present 1981 goals and objectives, resource assessments, and action strategies. The final section presents financial reports and budgets. Tables are provided.

102. New York State Board of Social Welfare, Albany.
New York State Board of Social Welfare: Information and Referral in New York State. Final Report and Appendices.
Mar 80, 86p Executive Summary available from PROJECT SHARE.
SHR-0004833 Available from New York State Board of Social Welfare, Agency Bldg. One, 10th Floor, Empire State Plaza, Albany, NY 12238.

Results of an analysis of information and referral systems in New York State and other areas are reported. The report considers both generic systems and those which are oriented toward specialized subject material or audiences. The first chapter addresses issues and concepts related to information and referral, including its basic nature and historical background and a rationale for providing this service. Also provided are descriptions of such essential program components as the resource file, classification system, the referral process, advocacy, planning, service access, publicity, and outreach and start up prerequisites such as funding, staffing, and training. The second chapter provides descriptions of information and referral services around the United States and in New York. These services include the Information Center of Hampton Roads in Norfolk, Va.; Human Services Coordination Alliance, Louisville, Ky.; Georgia TIE–Line; and Connecticut INFOLINE. Services in Westchester, Albany, Schenectady, Chemung, and Monroe counties in New York and in New York City are also described. The third chapter is concerned with specialized services offered by specific State agencies such as the Office for the Aging and the departments of social services, health, and labor. Also described are information and referral provided through Federal programs such as social security, Federal Information Centers, and the Administration on Aging; and through other organizations including United Way, the Alliance of Information and Referral Services, and the New York Urban Coalition. The last chapter recommends ways to continue to develop and maintain information and referral services in New York State. The recommendations focus on developing efficient and cost effective services, building on existing expertise within and outside the State, and on using the "key person" approach to establishing services, training, and networking. Specific recommendations for the State Department of Social Services, priorities, development options, and policy recommendations are given. A chart and a reference list are included. Appendices include a summary of information and referral standards, information on New York State services and program in other States, a list of analysis participants, a list of hotlines, and a letter from the Governor of New York.

103. New York State Office of Health Systems Management, Albany.
New York State Long Term Home Health Care Program.
1 Feb 80, 163p
SHR-0006847 Available from New York State Department of Health, Bureau of HMO and Home Health Services, Tower Building, Room 1970, Empire State Plaza, Albany, NY 12237.

New York State's long–term home health care program (LTHHCP) is described with respect to its history, nature, and status as of the beginning of 1980. Legislation authorizing the development of the program, also known as the Nursing Home Without Walls Program, was enacted in 1977. The program is designed to extend the availability of comprehensive home care to patients who would otherwise require care in a skilled nursing facility or a health–related facility. The program was prompted by the increasing numbers of elderly in the population, the lack of comprehensive home care services in many communities, rising medicaid expenditures for residential health care facilities, and other factors. LTHHCP providers may be certified home health agencies, nonprofit residential health care facilities, or hospitals. Their services

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must be available 24 hours a day, 7 days a week, and are provided to patients at home or in the home of a relative or other responsible adult. Among features distinguishing the program from traditional home care programs in New York State are the requirement that expenditures be no more than 75 percent of the average medicaid cost of maintaining a patient in a residential facility and the limitation of the program to persons who would otherwise be eligible for placement in a residential facility. Nine LTHHCP's, with a total capacity of 805 patients, have been approved. During the initial year of program operation, 220 patients have been served, and the monthly patient census has continued to grow. The average patient is 75 years old. Clarification of the program's role is needed. In addition, existing slots should be reallocated, the expense limit should be modified and increased under certain circumstances, and regulations to prevent discrimination against medicaid clients should be developed. Additional recommendations cover statutory, regulatory, and administration changes. Footnotes and extensive appendices presenting tables, data collection instruments, and background information are provided. (Author abstract modified).

104. O'Keefe, Ann.
Head Start Bureau, Washington, DC.
What Head Start Means to Families.
Sep 79, 42p
SHR-0006709 Available from U.S. Department of Health and Human Services, Project Head Start, PO Box 1182, Washington, DC 20201.

Ways in which the Head Start program involves and serves parents and families are described, and evidence on the program's impacts is presented. The discussion is based on 24 major reviews and evaluations of the program, as well as opinions of about 15 people with extensive experience with the program. From its beginning, Head Start was intended to be a parent and family program in which all services to children were to be viewed in a family context. Through the years, the actual program operations have increasingly conformed to these intentions. The Head Start Program Performance Standards issued in 1972 addressed the role of parents in all the program areas. Currently, parents are an integral part of the decisionmaking process and comprise a majority of each local Head Start policy council. Parents are also provided many opportunities to improve their understanding and skill as parents. In addition, they are both paid employees and volunteers for Head Start. Virtually all parents view Head Start positively. Studies also indicate that Head Start affects parents and families indirectly by promoting beneficial community changes, providing job opportunities, and bringing families into direct contact with social service agencies. Three special programs have an extensive commitment to activities which support parents in their childrearing roles. The 33 Parent–Child Centers focus on families with at least 1 child under age 3 and have been received enthusiastically by participating parents. The Home Start demonstration, funded from 1972 through 1975, showed that outcomes for children and parents were comparable to those in center-based programs. The Child and Family Resource Program, begun in 1973, emphasizes promoting the healthy growth and development of young children, from the prenatal stage through third grade. Much evidence indicates that this program is having a constructive impact on community resource / service agencies. Thus, data indicate that Head Start is indeed a program for children and their families, and that parents are becoming increasingly involved in the program. Photographs, drawings, and footnotes which include references are provided.

105. Office of Human Development Services, Boston, MA. Office of Program Coordination and Review.
Administrative Review of Department for Children and Their Families, State of Rhode Island and Providence Plantations.

Apr 81, 196p
SHR-0007390 Available from Department of Health and Human Services, Office of Human Development Services, Office of Program Coordination and Review, Region 1, John F. Kennedy Federal Bldg., Government Center, Boston, MA 02203.

Findings and recommendations are reported from an administrative review of the Rhode Island Department for Children and Their Families (DCF). The new single children's agency is charged with protecting children; provides substitute care for more than 2,000 children; and responds to about 165 new cases per month. Its clients are the neglected and abused; the adjudicated; diverted and incarcerated delinquents; mentally, emotionally, and developmentally handicapped; runaways; pregnant teenagers; those free for adoption and those eligible to be free; and parolees and probationers. Data were obtained from documents relating to children's service activity and analysis of this material by Federal staff, interviews with DCF staff to determine agency operations in relation to various Federal programs, and interviews were held with other agencies interacting with DCF. Recommendations are reported for the agency's objectives; services for children in the State, including the special areas of juvenile justice, the Guardian Ad Litem and Court Appointed Special Advocate (CASA) Programs, mental retardation and mental health, education, and Native Americans; the agency's organizational structure and staffing; and financial management. Sources of funding are described. Tabular data are appended.

106. Office of Human Development Services, Boston, MA. Office of Program Coordination and Review.
Title XX: State of New Hampshire Department of Health and Welfare, Division of Welfare.
Jun 80, 184p
SHR-0007389 Available from Department of Health and Human Services, Office of Human Development Services, Office of Program Coordination and Review, Region 1, John F. Kennedy Federal Bldg., Government Center, Boston, MA 02203.

Findings and recommendations are reported from an administrative review of the New Hampshire Department of Health and Welfare's human service operations related to title XX and the Work Incentive Program (WIN) expenditures. The review focused on the functions critical to comprehensive service delivery: accounting, policy development, staff development planning, and purchase of service. Attention was given to the entire process of decisionmaking within the agency, especially identifying key decisionmakers and control points. Data were obtained from existing documents relating to title XX activity and analysis of this material by Federal staff, interviews with central office and field office staff to determine agency operations in relation to title XX, interviews with top administrators of the agency to elicit their views of the agency, and interviews with public and private agencies interacting with title XX. Findings and recommendations are presented for the organization and structure of social services, district offices, purchase of service, the management information systems, management reports, financial management, and programs related to title XX. Extensive data are appended.

107. Office of Special Education and Rehabilitation Services, Washington, DC.
Resource Guide: Recreation and Leisure for Handicapped Individuals.
Dec 80, 102p
SHR-0007048 Available from National Clearinghouse on the Handicapped, U.S. Dept. of Education, Rm. 3106, Switzer Office Bldg, Washington, DC 20202.

This resource guide on recreation and leisure activities for handicapped individuals presents

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information resources, a funding guide, and publications available from Federal sources. The 10 major information resources described are primarily national in scope and cover the subject of recreation for all handicapping conditions. Other organizations included do not focus exclusively on the needs of handicapped persons but do offer special programs for them. For each organization listed, information is given which describes the organization, the kind of information it provides, and how to use the organization's services. The organization's full name, address, and telephone number are also provided. The funding guide contains excerpts of program descriptions from the 1980 "Catalog of Federal Domestic Assistance." Funding sources are classified according to several subject areas: personnel; training; research and demonstrations; media, arts, and humanities; operation funds; and facilities construction / remodeling / planning. The Revenue Sharing Act of 1972 as amended in 1976 is explained, and additional resources for funding information are provided. In addition, 16 publications available from Federal sources are listed; ordering information is supplied.

108. Ohio State Univ., Columbus. Nisonger Center for Mental Retardation and Developmental Disabilities.
Summarizing the Activity of the Project Over Its Three Year Period of Operation (October 1, 1977 Through September 30, 1980). Evaluation/Technical Assistance: Community Service Provider Project.
1 Oct 80, 215p
SHR-0006669 Available from William E. Loadman, Director of Educational Development, Nisonger Center, Suite 485, 1580 Cannon Dr., Columbus, OH 43210.

This final report focuses on the major activities of the Evaluation / Technical Assistance: Community Service Provider Project in Ohio. This project was designed to collect, identify, and disseminate specific standards relating to and affecting service delivery to mentally retarded and developmentally disabled clients and to create a technical assistance and evaluation network model to help service agencies to meet those standards. The project was funded from October 1, 1977, through September 30, 1980. During its first year of operation, the major direction of the project was to develop, publish, and disseminate "Manuals on Standards and Instrumentation for Services Affecting the Developmentally Disabled." These manuals assembled a large body of materials related to the legislation, standards, and the accreditation process as well as instrumentation materials and program evaluation methodology. In the second year the staff focused on the Program Evaluation Exchange (PEX). Program evaluators at participating agencies were responsible for developing, refining, and operating systems of program evaluation within their respective agencies and sharing information resulting from those evaluations with other service agencies. Third-year activities focused on the continuation of PEX meetings, the development and field testing of a single daily living skills checklist to be used by all participating agencies, and the expansion of evaluation networks into additional regions. Seven appendices include activity reports, summaries of project manuals, PEX meeting minutes, considerations in transporting the evaluation / technical assistance network model, and a report on interagency coordination to improve MR / DD programs through program evaluation.

109. Patrick, Donald.
Alabama Univ.-Birmingham. Rehabilitation Research and Training Center.
Expanding Services to the Disabled and Disadvantaged: Implications for Research Utilization in Delivery of Services and Manpower Planning.
Oct 70, 86p
SHR-0007025 Available from University of Alabama in Birmingham Medical Rehabilitation Research and Training

Center, No. 19 Spain Rehabilitation Center, 171 G Avenue, South Birmingham, AL 35233.

Proceedings of a regional conference held in Birmingham, Ala., on October 6–8, 1970, which focused on expanding services to the disabled and disadvantaged, are presented. Conference goals were to provide agencies and educational institutions with an opportunity to exchange ideas as to how each can better serve the other in the areas of research, demonstration, and training; to introduce new concepts resulting from research that have promise for improving services when employed more widely than research demonstration has permitted; and to heighten educational institutions' responsiveness to and better understanding of current conditions affecting service programs. The conference mainly was concerned with looking at services to disabled and disadvantaged individuals from the standpoint of using research, demonstration, and manpower development programs more effectively. Individual talks focused on new approaches to programming and current legislative activity, using research findings to enhance services to people, developing and using manpower in services to people, and planning for the 1970's. Discussion group remarks and concluding remarks are provided. Reference to individual papers are supplied. Proceedings of a Regional Conference, Birmingham, AL, October 6-8, 1970. RRTC Monograph no. 1.

110. Perretz, Harriet L.
National Gray Panthers, Philadelphia, PA.
Gray Panther Manual, Vol. I: Organizing.
Apr 80, 149p
SHR-0007355 Available from National Gray Panthers, 3635 Chestnut Street, Philadelphia, PA 19104.

This manual presents guidelines for organizing local Gray Panther networks to combat discrimination and oppression directed against the elderly. The manual describes the Gray Panther movement's beginnings in 1970 and traces its development. It then discusses the movement's three distinctive characteristics: its focus on the struggle against discrimination on the basis of age, its membership of persons of all ages, and its orientation to social change rather than social service. The movement's purposes, goals, and priorities for action are also summarized. Action priorities include health care, housing, the economic system, and the media. The national and local network structure and administration, including the process for affiliation, are outlined; the responsibilities of the steering committee and responsibilities and relationships between the national and local networks are stated. Basic steps for organizing, building, and maintaining a strong, imaginative, and effective network are summarized, and organizing issues and activities and programs of existing networks are presented. Also discussed are the basic tools, strategies, and resources a network may use in order to achieve its goals. Areas covered include lobbying in legislatures, administrative advocacy, litigation, testifying at public hearings, the use of publicity and public relations, and guidelines for publications. The final section of the manual presents such resources as the articles of agreement and resolutions adopted at the 1979 Gray Panthers convention, a list of local network options related to taxes, sample newsletters, a sample news release, a selected bibliography of 16 citations, and guidelines for writing funding proposals. Second edition. See also related document, Volume 2, SHR-0007356.

111. Perry, Kathryn Senn; and Moore, Gary T.
Women's Bureau, Washington, DC.
Employers and Child Care: Establishing Services Through the Workplace.
Jan 81, 90p
SHR-0006449 Available from U.S. Department of Labor, Office of the Secretary, Women's Bureau, 601 D Street NW, Washington, DC 20210.

111.

This monograph, developed as an aid to employers, union leaders, and employee groups, includes information about employer-related child care services and guidelines for planning child care services. It reviews the need for child care, services available, and the present status of employer and labor involvement in child care services. Specific guidelines cover the planning stages; various forms of child care involvement, including information and referral systems, family day care, and sick child care programs; needs assessment; cost analysis; and funding sources. Program components of a child care center are described, including administrative organization, philosophy, licensing, curriculum, and staff. The monograph covers facility and equipment considerations; project planning issues include facility options, size, and site selection. Architectural design elements are examined in terms of general design concepts and the design of individual spaces for children, staff, and services. Appropriate furnishings and equipment are described. Procedures for implementing the program plan, maintaining ongoing public relations, and conducting a program evaluation are included. Chapter references, a 52-item bibliography, and annotated lists of child care centers sponsored by industry, labor unions, government agencies, and hospitals are appended. Pamphlet no. 23.

112. Perske, Robert.
New Life in the Neighborhood: How Persons With Retardation or Other Disabilities Can Help Make a Good Community Better.
1980, 77p
SHR-0006818 Available from Abingdon Press, Customer Service Department, 201 Eighth Avenue S, Nashville, TN 37202.

The book demonstrates through numerous examples that persons with developmental disabilities are capable of functioning in the mainstream of community life. Society is currently moving away from attaching discriminating labels to the developmentally disabled and focuses instead on overcoming handicaps in seven vital living functions: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency. The principle of normalization, which first became prevalent in Denmark, strives to let the developmentally disabled obtain an existence as close to the normal as possible. Developmentally disabled people can develop to lead meaningful and rewarding lives if given sufficient support or freedom. The main obstacles to the mainstreaming of developmentally disabled persons are myths such as the one prevalent in the 1920's that the mentally retarded would "outbreed" the normal population if not stopped. In numerous instances, disabled persons have distinguished themselves in acts of courage and heroism. Society now also recognizes the right of the disabled to love and marriage and helps them make responsible decisions about whether to have children. Numerous examples are presented of how the integration of developmentally disabled persons into a community sparked new impulses and resources and how disabled children prove to be powerful peer educators. At the same time, old myths about the decline of property values, the proliferation of disease, and the rise of crime have been destroyed.

113. Pletcher, W. Randall.
Illinois State Dept. of Public Aid, Springfield. Bureau of Planning and Evaluation.
Welfare Reform Demonstration Project Description and Analysis, July 1978 to June 1980.
Jan 81, 184p Executive Summary available from PROJECT SHARE.
SHR-0007636 Available from W. Randall Pletcher, Dept. of Public Aid, Research and Evaluation Section, 316 South 2nd Street, Springfield, IL 62763.

Findings and recommendations are presented from the Illinois Welfare Demonstration Project, a combined service and research effort designed to increase the employment of recipients of Aid to Families with Dependent Children benefits and to better understand client movement. The project sought to improve the linkages among the population of public assistance recipients, organizations involved in manpower training or placement, and local Department of Public Aid operations. The project's distinctive features involved the role of field staff designated as self-support brokers. A major part of the broker position involved extensive outreach work with the intent of having all adult recipients capable of working attend an interview to discuss client interests, available services, and departmental policy concerning employment. Another broker responsibility was to establish and maintain a high awareness of locally available employment and training services. The project was implemented in four site areas in July 1978. According to the project plan, each broker was to interview 40 clients and achieve an average of 10 "positive terminations" (case suspension, cancellations, or grant reduction due to employment) per month. After 2 years of project operation, the staff lagged behind the goal for client interviews, completing 53.2 percent of the objectives, yet it exceeded the goal for "positive terminations" by 16 percent. The changes in case movement were of such a magnitude that savings estimates yielded favorable cost-savings ratios. Recommendations are offered for expanding and improving the project. Appended are supplementary data and discussions of methodology; tabular and graphic data are also provided. (Author abstract modified).

114. Pola, Yvonne; and Ihlenfeld, Gayle.
Wisconsin Association on Alcohol and Other Drug Abuse, Madison.
Women Reaching Women: Volunteer Coordinator's Training Program.
Aug 80, 70p
SHR-0007583 Available from Wisconsin Association on Alcohol and Other Drug Abuse, 333 W. Mifflin Street, Suite 4, Madison, WI 53703.

A training program is provided for volunteer coordinators working with Women Reaching Women, a project of the Wisconsin Association on Alcohol and Other Drug Abuse, which acts as an advocate for improved services, public information, policy, and law in matters relating to alcohol and drug abuse. The objective of the Women Reaching Women program is to (1) draw more women into treatment and increase the likelihood of successful treatment, (2) create public awareness about the problem of women and alcoholism and other drug abuse, (3) be an advocate for the needs of women who are in treatment, (4) train and use volunteers to achieve these objectives, and (5) promote healthy lifestyles for women. The materials presented provide guidance for the volunteer coordinator as she recruits and trains volunteers for the work of the organization. The topics treated in the training are how to motivate and retain volunteers, what volunteers can do, specific job descriptions for volunteers, how to recruit volunteers, how to screen potential volunteers, the volunteer contract, confidentiality guidelines for coordinators, and evaluating the volunteer group. Other materials provided are volunteer registration and interview forms, sample letters of rejection to potential volunteers, sample training sessions for volunteers, public speaking tips for coordinators and volunteers, and additional recommended reading for coordinators. Sections are also included on how to use the media, sample media materials, and resources to contact.

115. President's Committee on Employment of the Handicapped, Washington, DC.
Law and Disabled People: Selected Federal and State Laws Affecting Employment and Certain Rights of People With Disabilities.
1980, 172p
SHR-0007853 Available from U.S. President's Committee on Employment of the Handicapped, 1111 20th Street NW, Room 636, Washington, DC 20036.

115.

This paper provides a summary of selected State and Federal laws affecting the opportunities for disabled persons to integrate themselves into the mainstream of life. In particular, the commentary focuses on the relationship between these laws and the employment of the disabled. An introduction is provided to the laws relating to architectural accessibility, education, vocational education, mass transportation, use of motor vehicles, housing, and discrimination. The final category, the prohibition of discrimination, is analyzed in terms of areas such as education and training, employment, housing, public accommodations, and transportation. In looking at these identified areas of law, this presentation seeks to explain the basic provisions of the law, how they are enforced and by whom, and important developments in each area of the law. This catalog of laws represents the legal achievement of equality by the handicapped as citizens as well as the public concern for the rights of the handicapped. It also represents a new role for the handicapped in society as spokespersons for their own rights and interests. Provided are tabular data, footnotes, and addresses listing the executive directors of each State's Governor's committee on employment of the handicapped.

116. Purdom, P. W.; Laessig, Robert E.; and Hebb, Adele.
Drexel Univ., Philadelphia, PA.
Health Planning Related to Environmental Factors: Preliminary Technical Guidelines.
Aug 80, 197p
HRP-0101801 Available NTIS PC $16.50/MF $4.00

These guidelines provide technical assistance to health planning agencies in addressing problems associated with environmental factors in their health systems planning. The study focuses on water and air pollution; residential, recreational, and highway hazards; and the control of insect and animal disease hazardous to the environment. The guidelines were developed with the advice of a panel of experts and consultants and after visits to Health Systems Agencies (HSA's), State Health Planning and Development Agencies, and other related governmental agencies. The preliminary guidelines were developed along with four modules which illustrate the application of the general approach presented in the guidelines to specific types of environmental problem areas. These were then field tested by HSA's to determine their usefulness, applicability to actual situations, practicality, and deficiencies. In addition to providing an introduction to the wide range of environmental threats to human health, the guidelines identify Federal and State agencies and local community groups with which planners can coordinate their activities to reduce these hazards as well as to take corrective action after a health status problem occurs. Diagrams are included for assessing current health status problems and for forecasting future indicator levels. Environmental legislation is discussed as it relates to the establishment of goals and priorities in the health systems plans of the planning agencies. The 53 references cover general planning, environmental health, and specialized areas of environmental concern. Appended information includes a list of the experts and consultants, an outline of the scheduled visits to HSA's and other agencies, a discussion of the legal basis for health planning in relation to environmental factors, and ordering information for the four illustrative modules. (Author abstract modified). Health Planning Methods and Technology Series.

117. *Implementation of Independent Living Programs in Rehabilitation.*
Jun 80, 211p
SHR-0007635 Available from Arkansas Rehabilitation Research and Training Center, Hot Springs Rehabilitation Center, PO Box 1358, Hot Springs, AR 71901.

This report presents practical guidelines in the planning and operation of an Independent Living Program (ILP) for handicapped individuals.

Current concepts of ILP's are analyzed in terms of trends and implications for the future by identifying the basic features of ILP's, defining three variations of ILP's (nonresidential, residential, and transitional centers), discussing specific dimensions by which each ILP can be described (i.e., service setting, service delivery method, vocational emphasis, etc.), and illustrating all these factors in two existing ILP's (the Ann Arbor Center for Independent Living in Michigan and the San Diego Community Center for the Disabled in California). A discussion of staffing for ILP's highlights such considerations as consumer involvement, affirmative action planning, and work disincentives. In addition, the report describes a variety of resources for funds and benefits for the handicapped receiving ILP services, with emphasis on the importance of establishing a diverse and stable base of support of ILP's. Guidelines for evaluating ILP's are also given, with the suggestion that evaluators focus on the extent to which the ILP is accomplishing its stated objectives and individuals are experiencing gains in life areas. Finally, guidelines are presented for rehabilitation trainers to follow in designing and conducting training programs on implementation of ILP's. Tables, footnotes, chapter references, and a bibliography with 28 citations are furnished. Appendices present guidelines for developing position descriptions for ILP staff, ILP resource information, and the names and addresses of study group members who developed this report. (Author abstract modified). Seventh Institute on Rehabilitation Issues, June 3-5, 1980, San Antonio, Texas. Prepared by a study group of the Institute on Rehabilitation Issues.

118. Resnik, Henry S.
White (E.H.) and Co., Inc., San Francisco, CA.
Drug Abuse Prevention for Low-Income Communities: Manual for Program Planning.
1980, 74p
SHR-0007634 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-024-00992-0.

Background and issues, program profiles, and program planning development for drug abuse prevention in low-income communities are discussed. The manual is based on the premise that drug abuse prevention for low-income communities is inherently different from prevention for middle-class communities, with the difference deriving primarily from a difference in needs. Generally, prevention approaches have focused on two principal targets: individuals and those small groups with whom individuals have significant interaction, particularly families and peer groups. Recently, prevention programs have targeted organizations involved with youth, such as schools and youth service agencies. For low-income communities, the entire community must be targeted. This dimension adds a variety of new and largely unfamiliar approaches to the scope of drug abuse prevention programming, including community organizing, mobilizing groups to press for change in governmental and agency policies, neighborhood development, and network building aimed at creating linkages and cooperation among community service agencies. Program profiles are presented under the categories of school-based programs, alternative schools, youth service agencies, and multiservice community-based agencies and organizations. Program planning and development are discussed in terms of developing sensitivity to the culture and values of the community, community organization, needs assessment, training, securing funding and other support, and evaluation. An extensive list of resources on poverty, drug abuse and drug abuse prevention, public information on drug abuse, program planning and development, and related matters is included. Chapter notes are provided.

119. Reynolds, Jack.
Center for Human Services, Washington, DC.
Guidelines for Management-Oriented Evaluation of Delinquency Prevention Programs.
May 80, 77p
SHR-0007688 Available from Department of Youth Authority, Division of Research, 4241 Williamsbourgh Drive, Sacramento, CA 95823.

Written for administrators who are interested in designing and conducting their own evaluations, this manual presents guidelines for evaluating juvenile delinquency prevention programs. An introduction defines the evaluation process and explains how administrators and evaluators must work together to identify priorities and select useful evaluation topics, design practical evaluation methodologies and procedures, and conduct and manage evaluations effectively and efficiently. Evaluation is viewed as a three–phase process and the steps included in each phase are explained. Components of the first phase, selecting the evaluation topic, include identifying the evaluation priorities, clarifying the evaluation subject, clarifying the subject's objectives, specifying the evaluation's objective, and ascertaining the evaluation's feasibility. The second phase, developing the evaluation plan, includes such judgment steps as choosing the study design and evaluation criteria and such data processing steps as developing the sampling and reporting plans. Developing the management plan is the final part of evaluation plan development. Conducting and managing the evaluation constitute the third part of an evaluation. Five components of this phase are making staff assignments; defining procedures; pretesting and revising procedures; collecting, analyzing, and reporting data; and developing strategies for using the evaluation's findings. Figures and appendices summarizing evaluation steps and presenting sample worksheets are included.

120. Rice, B. Douglas; and Roessler, Richard T.
Arkansas Rehabilitation Research and Training Center, Hot Springs.
Introduction to Independent Living Rehabilitation Services.
Nov 80, 34p
SHR-0007456 Available from Arkansas Rehabilitation Research and Training Center, Hot Springs Rehabilitation Center, PO Box 1358, Hot Springs, AR 71901.

This overview of emerging issues and perspectives in independent living for the severely handicapped focuses on the nature of independent living rehabilitation, models of service delivery systems in independent living, implications of independent living for vocational rehabilitation, and special concerns regarding independent living. Independent living rehabilitation services focus on both aid to the individual and changes needed in the environment. Most independent living services are provided during the earlier phases of the rehabilitation process and will contribute to the development of vocational capabilities in many individuals. Legislative efforts for independent living services resulted ultimately in Federal provision for comprehensive services in 1978. Results of early pilot projects in independent living rehabilitation have underscored the importance of a diversity of services, removal of barriers inside and outside the home, a close working relationship between independent living and vocational rehabilitation service providers, and further experimentation with new models of service delivery. Independent living services can now be provided to severely handicapped individuals without a vocational goal test. These services may enhance the individual's capacity to live more independently as well as to maintain employment. Positive outcomes of early programs providing independent living centers could stimulate further funding for the entire independent living program. Among unresolved issues in the implementation of independent living rehabilitation services are eligibility criteria, order of selection of clients, coverage of service costs, closure criteria, and procedures for linking independent living and vocational rehabilitation programs. Many administrative options are available for the provision of independent living rehabilitation services. Provisions to meet clients' ongoing needs are also required. Program evaluation of independent living programs should focus on such areas as program efficiency and effectiveness, client satisfaction, and costs and benefits. Fifteen references are provided.

121. Roth, Richard.
Herner and Co., Arlington, VA.
Child Abuse and Neglect Among the Military: A Special Report From the National Center on Child Abuse and Neglect.
Aug 80, 9p
SHR-0007065 Available from Region 7 Child Abuse and Neglect Center, Institute of Child Behavior and Development, The University of Iowa, Oakdale, IA 52319.

This report examines those characteristics of military life which, by producing stress on military families, may increase the likelihood of child maltreatment, and it analyzes the military response. Although, in the absence of good statistical data, most discussions of incidence of child maltreatment in the military are speculative, military life in itself may contribute to a higher incidence. The reasons primarily include high mobility and consequent social isolation, long and frequent separations, and economic hardship among the lower ranks. The military has been slow to recognize the problem because child abuse cases were seen as isolated incidents and were not viewed as posing a threat to military effectiveness. By 1970, however, two-thirds of all U.S. Army posts had at least established procedures for child protection. By August 1972, well over half of all U.S. military bases had a child protection council or a team to handle child abuse and neglect cases. In addition, the passage of the Child Abuse Prevention and Treatment Act in 1974 gave additional impetus to the development of coordinated regulations for the armed services. However, child protection programs are handicapped by the lack of legal support within the military. Future directions include the establishment of a single, comprehensive child abuse and neglect reporting form and mechanism for all three services and the development of a military child abuse and neglect resource center. A total of 22 references and 28 bibliographic citations are given.

122. Rothman, Jack; Erlich, John L.; and Teresa, Joseph G.
Changing Organizations and Community Programs.
1981, 160p
SHR-0007245 Available from Sage Publications, PO Box 5024, Beverly Hills, CA 90210.

This book offers specific strategies or action guidelines for people who work in human service agencies as well as tactical steps for effectively carrying out these strategies. At the same time, detailed attention is given to personal, client, organizational, and community factors that bear on a practitioner's attempts to achieve a specific objective with a particular strategy. Examples given by practitioners demonstrate the specific ways in which the guidelines were actually carried out in settings that ranged from neighborhood centers to statewide mental health organizations. This book is an abridged, more practice-oriented version of a longer volume by the same authors entitled "Promoting Innovation and Change in Organizations and Communities: A Planning Manual." Guidelines are presented for promoting an innovation, changing an organization's goals, fostering participation, and increasing the effectiveness of role performance. The four guideline chapters each follow a similar format: introduction to the practice problem, illustrations of implementation (patterns and operations), practitioners' views of problems and prospects, and getting started (thoughts for initiating action and an initial log for listing first steps.) The manual may be used for inservice training, by individual practitioners, and by groups of practitioners who want to explore together the most effective ways of initiating changes. Chapter notes are provided. A note on the research methodology which shaped the book is appended. (Author abstract modified). Sage Human Services Guides, Volume 20. Abridged version of "Promoting Innovation and Change in Organizations and Communities," by the same authors.

123. Sager, Alan.
Florence Heller Graduate School for Advanced Studies in Social Welfare, Waltham, MA. Levinson Policy Inst.
Decision-Making for Home Care: An Overview of Study Goals and Methods.
Apr 80, 25p
SHR-0006469 Available from Dr. Alan Sager, Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, MA 02254.

Objectives and methodology are described for a study whose primary goal is to learn more about the home care needs of older Americans. The second goal is to learn more about how well the current home care system works. The objectives under the first goal are (1) to measure the consistency of professionals', clients', and families' hypothetical estimates of the needs of individual home care clients; and (2) to measure the "predictive validity" of professionals', cients', and caregivers' views of needed services. Objectives under the second goal are (1) to measure the vertical equity of current service plans; and (2) to weigh the financial, regulatory, and administrative constraints on current home care service planning. The information being used to achieve study objectives has been collected in three general phases: (1) random sampling and purposive screening to secure an appropriate study sample; (2) completion of three comprehensive assessments (90 days apart) to record measures of well–being, information for care planning, and current levels of help; and (3) the obtaining of a variety of independent views of the home care services needed to sustain clients at home in a safe, adequate, and dignified manner. Eight home care agencies in eastern Massachusetts participated in the project. Following random sampling and screening, 116 clients of these agencies consented to be included in the study sample. The study is important because a better understanding of the types and amounts of help needed by various older Americans to live at home better equips existing programs to spend money well, and a firmer foundation would be built for estimating the costs and effects of improved home care benefits and eligibility. The costs or effects of such improvements cannot now be accurately estimated. Notes are provided.

124. Salber, Eva J.; and Phillips, Harry T.
Fogarty International Center, Bethesda, MD.
Services to the Elderly in England: Impressions From a Sabbatical.
Dec 80, 160p
SHR-0006903 Available from Harry T. Phillips, Department of Health Administration, School of Public Health, University of North Carolina-Durham, Chapel Hill, NC 27514.

This report describes the types and the nature of personal, medical, and social services available to the elderly in England. An overview of the elderly population of England and Wales gives statistics on the ages and sex of the elderly, their living arrangements, and the range of their physical and mental disabilities. The report also describes health services and geriatric specialty services provided to the elderly either by the National Health Services under the Department of Health and Social Security or by private institutions such as those which run many of the hospices throughout England. Some of those services include geriatric departments in most of the 205 health districts of England and Wales, hospices and other terminal care services, and community nursing services. Personal social services which help the elderly to maintain independent lives in the community for as long as possible are then examined. Among these services are home adaptations and aids, home help service, meals for the elderly, day centers and clubs, visiting services, and provision of residential accommodation. Finally, the report explores services to the elderly by both formal voluntary organizations and the informal family and friends network. References follow each chapter. Five appendices include a list of field visits made by the authors, national statistics regarding care of the elderly, and recommended norms and standards for services to the elderly.

125. Salsberg, Linda Simkin.
Welfare Research, Inc., Albany, NY.
Demonstration of a Community-Wide Alternative Long-Term Care Model.
Aug 78, 113p
SHR-0006658 Available from Publications Editor, Welfare Research Inc., 10th Floor, 112 State Street, Albany, NY 12207.

This report describes the development of a demonstration program providing a community–based system of long–term care to frail elderly persons and chronically ill adults in Monroe County, N.Y. The program's goal was to develop and coordinate alternatives and administer funds for long–term care, using an independent organization rather than an extension of an existing bureaucracy. The demonstration program also proposed to provide an assessment service for clients either at risk of institutionalization or requiring changes in their level of care. Concurrently, the program was to aid expansion of the noninstitutional service sector through a waiver to increase the number of services reimbursable by medicaid as well as the creation and enlargement of community programs. Monroe County was chosen because of several unique characteristics. The demonstration involved participation and support at both the Federal and State levels. The project's progress and problems for its first 3 years are described in detail. As the project begins its fourth year, it is evident that it will not meet many of its original objectives. Nevertheless, the program has made significant progress. Its assessment and case management service currently coordinates many of the planning operations for individuals making decisions about their long–term care needs. However, the community organization has been unable to coordinate and mobilize the long–term care system toward the original demonstration objectives, due largely to external problems. The program's most significant achievement is the development of the community–based, nonprofit organization coordinating assessment and case management at no charge to the elderly or chronically ill individual at risk of institutionalization. Another year will be required to phase in all medicaid eligible clients and assess strategies for attracting the private pay population. A discussion of policy implications, a list of planned fourth–year activities, footnotes, a reference list, a glossary, and appendices presenting forms, job descriptions of project staff, and organizational and operating information on the program are provided. Monroe County Long Term Care Program.

126. Schein, Jerome D.; and Hamilton, Ronald N.
New York Univ. Deafness Research and Training Center.
Impact 1980: Telecommunications and Deafness.
1980, 110p
SHR-0007509 Available from Research and Training Center, New York Univ. School of Education, 80 Washington Square, East, Room 59, New York, NY 10031.

The adaptation of telecommunications to serve deaf users is discussed for broadcast television, cable television, home television, telephonic assistance devices, and radio. In addition to scientific issues, pertinent government actions vis-a-vis telecommunications serving the hearing-impaired are considered in the areas of legislative, judicial, and administrative actions. Commercial interests in adapting telecommunications for deaf people are considered as well, because they can be critical in developing the field. Among the specific topics addressed are captioning, special programming for the deaf, and such telephonic assistance devices as graphic displays, picturephone and teletypewriters. A chapter on radio suggests ways that radio signals can be other than spoken word. For instance, they can be used to page deaf persons, to send Morse code to the deaf, and to link teletypewriters. The format for presenting the material in each chapter consists of an examination of the technical aspects of each medium, programming, and regulatory matters. Also identified are the unresolved issues in relation to each medium and the nature of the research most likely to enhance the progress already made toward enabling the hearing-impaired to use the medium. Figures and approximately 50 references are provided. (Author abstract modified).

127. Schulman, Eveline D.
President's Committee on Employment of the Handicapped, Washington, DC.
Rehabilitation of the Mentally Ill: An International Perspective.
May 81, 66p
SHR-0007321 Available from The President's Committee on Employment of the Handicapped, Washington, DC 20210.

The document surveys mental health laws and rehabilitation practices throughout the world and outlines for the future international direction of mental health services. Mental health laws are outlined for countries and provinces in the continents of Africa, Asia, Australia, Europe, North America, and South America. It is conservatively estimated that 1 person in 10 of any society is likely to be incapacitated by a severe psychiatric disorder at some time. By the 21st century the number of persons with mental disorders will increase to a projected 200 million. Based on the worldwide survey of rehabilitation procedures, it is concluded that (1) curative measures supersede and are separated from considerations of the rehabilitation of the mentally ill in most countries; (2) socioeconomic and political systems are crucial variables in the organization and administration of mental health services, as well as the priority given these services; (3) terrain and climate affect the accessibility of services; (4) westernization of rehabilitative practices can have a disastrous impact if local and personal traditions are ignored; and (5) the health staffing pool need not depend solely on psychiatrists, psychologists, social workers, and other mental health professionals. International organizations focusing partially or entirely on mental illness or mental health are listed and extensive references are provided.

128. Silverstein, Nina Melnick.
Informing the Elderly About Public Services: The Relationship Between Access to Information and Service Utilization.
Mar 80, 236p
SHR-0007062 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

Findings and policy implications are reported from a study of the relationship between information access and service use among the elderly. The conceptual framework for the study was derived largely from the gerontological and social service use literature. The independent variables used in the study were education, income, race, age, marital status, sex, frailty, and number of household members. The dependent variables were service awareness, service use, and the consideration of service use. Data were taken from a 1978 study by the Boston Commission on the Affairs of the Elderly, which assessed the social service needs and health care use patterns of older people in Boston, Mass. Data consisted of the responses of 706 men and women 60 years of age and older in household interviews. Findings show that the overall knowledge of services by the elderly is apparently largely determined by the primary source of information most often used. The elderly, who most often learn of services through the media or informal sources, are most likely to have a greater overall knowledge of services than those senior citizens who primarily learn of services through formal sources. Socioeconomic indicators are better determinants of the knowledge of specific services than are primary sources of information. Regarding the overall use of services, those respondents who learned of services through formal sources were more likely to use the services. Moreover, respondents who were white and have a higher level of formal education and greater income generally had a wider knowledge of available services. Policy implications and recommendations related to selected services are provided. Data and supplementary information are appended, and footnotes, tables, and about 50 references are included. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Brandeis University, 1980.

129. Smith, Catherine Berger; and Anderson, Katherine Elise.
Ohio State Univ., Columbus. Nisonger Center for Mental Retardation and Developmental Disabilities.
Training for Residential Alternatives: Development of Questions Useful in Evaluating Residential Alternatives Training Programs in Mental Retardation and Developmental Disabilities.
1976, 120p
SHR-0006607 Available from The Nisonger Center, The Ohio State University, 1580 Cannon Drive, Columbus, OH 43210.

This manual provides a structure for training staff in various aspects of residential alternatives for mentally retarded and developmentally disabled clients. Section one considers the selection of target groups for training and focuses on three general groups: administrators, direct care personnel, and the community. Requirements, qualifications, and standards are given for both of the professional groups. Section two outlines core content areas in a residential alternatives curriculum, including descriptions of topics which should be covered in each area of training. The content areas are divided into three subareas according to the three major audiences identified in section one. Topics include professional roles and responsibilities, administrative functions, treatment skills, and discussions of developmental disabilities. The community education section emphasizes general information and community attitudes. Section three is concerned with training evaluation, and includes discussions on preassessments and postassessments, multiple–choice question development, use of questionnaire item banks, and item analysis. Section four includes a wide range of multiple–choice questions useful in evaluating content areas of the training program, such as developmental disabilities descriptions and definitions, system structure, facility planning, staffing, resident development and programming, treatment areas, media use, attitudes toward residents and jobs, and advocacy and volunteer programs. Footnotes are included after each section, and a 15–item bibliography is provided.

130. Smith, Ellen S.; and Eisenberg, John M.
National Health Care Management Center, Philadelphia, PA.
Matrix Organization of a Residency Program in an Academic Medical Center.
May 80, 13p
SHR-0007650 Available from National Health Care Management Center, University of Pennsylvania, 3641 Locust Walk/CE, Philadelphia, PA 19104.

130.

Matrix organization has recently been employed in health care administration to integrate individuals from different disciplines in complex projects and tasks. This paper summarizes the concept and its application by reviewing a management theory including traditional chain of command and contingency theory, and by describing matrix management. Examples of matrix organization in health care administration are given, such as projects at Johns Hopkins Hospital, Md., the Children's Hospital in Boston, Mass., and a Massachusetts State mental health hospital. Details are then given on the organization of the matrix at the primary care residency program of the University of Pennsylvania School of Medicine. In this program, new courses and lecture series were organized for residents involving the departments of pediatrics, medicine, and obstetrics–gynecology, with faculty drawn from throughout the university. Cross–disciplinary integration was accomplished by a special Dean's Advisory Committee, a full–time administrator, and other members of the infrastructure. The advantages of matrix organization are primarily viewed as the efficient use of resources and reduction of duplicate effort. One disadvantage is the difficulty of reporting to more than one authority at the same time. A 13–item bibliography is given, and matrix design charts are appended. Discussion Paper Series, no. 26.

131. Smith, Rebecca Lou; and Anding, Thomas L.
Center for Urban and Regional Affairs, Minneapolis, MN.
Community Involvement in the Whittier Neighborhood: An Analysis of Neighborhood Conditions and Neighborhood Change.
1980, 82p
SHR-0007692 Available from Center for Urban and Regional Affairs, 313 Walter Library, 117 Pleasant Street SE, Minneapolis, MN 55455.

This report describes efforts to preserve the unique quality of the Whittier neighborhood in Minneapolis, Minn. An analysis of neighborhood conditions and resident attitudes is based on updated versions of two survey instruments, a building conditions survey and the resident attitude survey. It serves as a basis for assessing the visibility and impact of the Whittier Alliance, an umbrella organization representing diverse community groups, among neighborhood residents by placing Alliance activities in the framework of neighborhood needs and changing conditions. In addition, data on neighborhood crime and information on Whittier Alliance program participants are used. Two building conditions surveys, conducted in 1977 and 1979, show that most neighborhood structures are in sound condition or in need of minor repair and routine maintenance. The Whittier Alliance is credited for its role in improving the quality of housing in the southwest corner of the neighborhood; elsewhere the Alliance's efforts have helped provide routine maintenance and minor rehabilitation needed to maintain a stable housing stock. Moreover, residents perceive that the quality of housing is improving, an important adjunct to any rehabilitation effort. Crime is a serious problem for Whittier residents, both in fact and in residents' perception of crime. The Alliance's policy decision to gear housing programs to the rehabilitation of one–unit to four–unit structures is understandable because these structures were most in need of rehabilitation. However, restriction of crime prevention efforts to owners of one–unit to four–unit structures is less understandable, since the primary victims of residential burglaries are apartment dwellers. Homeowners, representing 13 percent of the neighborhood's households, have benefited most from the Alliance's presence. They are most familiar with the Alliance and its programs, rate the Alliance most highly, and are most likely to take part in Alliance–sponsored meetings. However, the Alliance has had limited success in addressing the problems of the transient renter population that comprises the majority of the neighborhood's households. Tabular data, maps, footnotes, survey instruments, and demographic characteristics are provided.

132. Social Security Administration, Washington, DC. Welfare Management Inst.
Work Measurement Studies for Public Assistance Functions in Louisiana, Minnesota, Virginia, Washington, and West Virginia. "How They Do It:" Illustrations of Practice in the Administration of AFDC.
Oct 80, 159p
SHR-0006448 Available from Social Security Administration, Division of Management and Supply, Supply System, 6301 Security Boulevard, Baltimore, MD 21235.

Work measurement efforts in public assistance functions are described for State and local agencies in Louisiana, West Virginia, Minnesota, Washington, and Virginia. While the rationale for undertaking work measurement differed between the States, some common goals were work simplification, workload management, and manpower use. The Louisiana system has as its goal the development of a formula that facilitates workload forecasting and manpower use. It involves the development of process times for both professional and support staff. This allows for extensive use of the data in forecasting needed manpower and budgetary costs. West Virginia's system was designed to obtain data on the nature of activities and time spent on each activity during the eligibility worker's work day, thus enabling the agency to plan more effectively for manpower use. Minnesota's system establishes standard times for work units that compose processing elements in income maintenance functions. It enables the State to determine to what degree workers are able to meet the standards and thus to plan accordingly. Washington's system is used to develop a manpower budget based upon appropriate work standards established for the work measurement. The workload standards also provide the data for manpower budgets and for planning the index of productivity, labor force efficiency, and management information. Virginia plans to use its study results as a basis for developing a "model" agency based on validated caseload standards. The study developed standards for various tasks performed by the staff. The material provided is intended for other agencies to adapt to their own conditions and circumstances to serve their particular purposes. Significant materials for each system are appended and a 13-item bibliography is provided.

133. Stark, Jack A.
Nebraska Governor's Planning Council on Developmental Disabilities, Lincoln.
Family Resource Systems: The Nebraska Model.
Jan 80, 149p
SHR-0005699 Available from Jack A. Stark, Ph.D., University of Nebraska, Medical Center, 44th and Dewey, Omaha, NE 68105.

This report presents the proceedings of Nebraska's Conference on Family Resource Systems, with particular emphasis on the Nebraska Model Support Systems for families of handicapped persons. The conference focused on the needs of families with disabled children in the context of State and local programs and laws in order to develop an agenda for the 1980's. Needed services for such families include respite care and possible State subsidy for this care for "at risk" families, beginning at the disabled child's birth. Highlights of workable family support systems featured in "Mental Retardation: The Leading Edge—Service Programs That Work," a publication of the President's Committee on Mental Retardation (PCMR), precedes a description of trends in family resource services for handicapped children, a model array of family-centered resources and supports, a model for training families to be self-advocates, and national policy recommendations and strategies for change. Other papers discuss supporting the handicapped and their families in rural areas, the needs of developmentally disabled persons and their families, Nebraska's legislative issues and their role in supporting the family, and constitutional issues for families in Nebraska. Two

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manuals in the report explain how to set up a respite care program and the experience of the Co–op Committee of Kalamazoo Association for Retarded Citizens (Mich.) in providing respite care for families in the Kalamazoo area. Chapter references are given and the conference program is appended. Proceedings of the Family Resource Systems Conference, Omaha, Nebraska, January 24-25, 1981.

134. Stephens, Jack L.; and Sanders, Lois W.
Georgia Dept. of Offender Rehabilitation, Atlanta. Office of Research and Evaluation.
Transitional Aid for Ex-Offenders: An Experimental Study in Georgia.
Jul 78, 117p
PB-291 610 Available NTIS PC $12.00/MF $4.00

This experimental study of a randomized study of ex–offenders was conducted to test the effect of financial aid and job placement on the rates of rearrest and unemployment during the first year after release. The Transitional Aid Research Project (TARP), an experimental study that took place in Georgia, was aimed at reducing recidivism especially as it pertained to economically related criminal acts. The subjects studied were eligible for various amounts of financial aid while members of the other three groups were not eligible. Instead, members of the fourth group were offered special job counseling with extra benefits such as work clothes, work equipment, and transportation. The fourth and fifth groups were paid $15 per person for completing an initial interview. The last group was traced through records in public offices and did not actively participate. Stratification and randomization produced a sample of 2,007 ex–offenders who had been released from prison between January 1, 1976, and July 18, 1976. The size of the six groups varied, but the first five had 200 individuals each while the sixth had 1,031. Study results indicate that at no time was more than 50 percent of the sample gainfully employed; half of the working group earned less than $1,855 during the project year. Among the unemployed, two out of three arrests involved money–related charges. The data indicate a single recommendation: ready–made jobs. If such a program were undertaken, it would require careful monitoring by a placement agent. The jobs could be subsidized to encourage employer participation and to test the effectiveness of transitional aid channeled through an intermediary. TARP did not provide any positive answers but did reveal other possible areas of inquiry. Tabular data, figures, footnotes, and appendices are included.

135. Taber, Merlin A.
National Inst. of Mental Health, Rockville, MD.
Social Context of Helping: A Review of the Literature on Alternative Care for the Physically and Mentally Handicapped.
1980, 259p Executive Summary available from PROJECT SHARE.
SHR-0006451 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-024-00995-4.

This literature review focuses on five areas of social science knowledge pertaining to alternative contexts of helping for those unable to provide for themselves. It includes the research conducted from 1966 through 1976 in the five areas of knowledge which are in need of development. These areas are formal structure, helping effectiveness, social interaction, values, and interorganizational relations. In this review, context refers to the social setting in which help is given, rather than the physical setting. The social context for help is interpreted as the set of roles in the immediate social situation. Throughout the works, a major shift in policy toward the subject population is emphasized. The policy of exclusion and custody is yielding to one of normalization and social development for severely handicapped persons, the mentally ill, the mentally retarded, the delinquent, dependent children under 18 years of age, and the frail elderly. Ironically, the social sciences have played little role in criticizing or in leading the policy shift; medical, fiscal, and political aspects of the change have received more scholarly attention than the basic question of social situation. Professional and social scientific journals, essays, historical accounts, and formal research were reviewed in the preparation of the monograph which includes a total of 455 entries. Those of particular significance in terms of hypothesis, findings, or program leads are abstracted. The literature review revealed that alternative contexts for helping those unable to care for themselves were limited by human imagination. Supervised apartments, foster family homes, transitional houses owned by community corporations, converted motels, welfare hotels, sheltered workshops, and many other helping situations are described. The annotated bibliography and a subject index are provided. Studies in Social Change series.

136. Tans, Mary Dee.
Wisconsin Clearinghouse for Alcohol and Other Drug Information, Madison.
Getting the Word Out.
1979, 74p
SHR-0007503 Available from Wisconsin Clearinghouse, 1954 East Washington Avenue, Madison, WI 53704.

Procedures for developing and implementing a public awareness plan for human service programs are presented. Well-planned public awareness activities can help increase the effectiveness of particular human services by informing, educating, and influencing the behavior and attitudes of large numbers of people. The overview of the public awareness plan covers evaluation of resources, steps in developing the plan, ways of reaching people, guidelines for selecting a delivery channel, evaluating a public awareness activity, and a sample work plan and timetable. Components of the work plan are the general goal, the message, the target audience, the anticipated outcome, the objective, strategies, and evaluation. Detailed discussions are provided on how to get a message to hard-to-reach groups, urban poor communities, and people in rural areas; principles of communication; changing attitudes; and using the media. Suggestions are given for presenting a slide-tape show; using billboards, bus cards, and posters; preparing exhibits; organizing a speakers' bureau; and speaking before the public. A bibliography is provided.

137. Tash, William R.; Stahler, Gerald J.; Rappaport, Herbert; McGuirk, Frank D.; and Yeager, Tiana.
Horizon Inst. for Advanced Design, Inc., Rockville, MD.
Quality Assurance System for Community Based Mental Health Programs.
Jan 81, 161p Executive Summary available from PROJECT SHARE.
SHR-0007542 Available from The Horizon Institute for Advanced Design, Inc., Suite 1401, 51 Monroe St., Rockville, MD 20850.

This manual presents an approach for developing an optimal quality assurance system in a mental health outpatient-care setting. The ideas presented evolved from testing the utility of an outcome-based peer review system within a community mental health center (CMHC). While the manual relies heavily on the information gained in the demonstration, it also reflects the experiences of other practitioners portrayed in the literature. The presentation is intended to assist mental health administrators, evaluators, and practitioners in planning, operating, and evaluating a quality assurance program that emphasizes the use of concurrent review of treatment quality. An overview of the quality assurance field includes a discussion of the various trends and types of quality assurance approaches used in both inpatient and outpatient settings and reviews several quality assurance models currently used in mental health community settings. The steps for planning, implementing, and evaluating a quality assurance program are then detailed. A list of suggested readings accompanies each major section, and a summary of instruments necessary for an optimal peer review system is appended. A glossary and a bibliography containing about 300 listings are also provided.

138. Texas State Dept. of Human Resources, Austin. Planning and Evaluation Div.
Standard Planning Data. Edition Number Two.
Jul 80, 191p
SHR-0007556 Available from Texas Department of Human Resources, Mr. John Townsend, PO Box 2960, Austin, TX 78769.

In order to provide more reliable and consistent estimates of the environment in which the Texas Department of Human Resources operates, this Standard Planning Data Book presents standardization of data used in planning and decisionmaking. Data were obtained from a 1979 biennial survey, agency records of clients and expenditures, and Federal and State sources. In the area of general demographics, data are provided on population distribution, age group characteristics, household characteristics, family characteristics, special population groups, and vital statistics. Under human service needs, information is supplied on self-declared need for services, poverty populations, Aid to Families with Dependent Children needs, food stamp needs, child support service needs, family planning needs, family services needs, protective service needs, and medical service needs. General and client populations are compared in the areas of general demographics, housing characteristics, health characteristics, health use, employment characteristics, assets, poverty, and State median income level. Program data are provided for Aid to Families with Dependent Children, food stamps, medicaid, social services, and cross-program use. Economic data treat cost of living and unemployment and per capita income. The bulk of the document consists of tables.

139. Torrey, Barbara Boyle.
President's Commission on Pension Policy, Washington, DC.
Demographic Shifts and Projections: The Implications for Pension Systems.
1980, 39p
SHR-0007096 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 040-000-00412-2.

This paper examines recent demographic trends and discusses their implications for future pension program needs of the disabled. There are three components of population change—births, net immigration, and death. Social and economic implications of the post-World-War-II baby boom are examined, such as the estimation that when those born during the baby boom retire after the turn of the century, the ratio of the aged to those of working age will almost double. The population expansion by immigration is also an issue, particularly illegal immigration. The decline in the rate of mortality because of such factors as technological and medical advances is a trend that increases the number of elderly and makes it difficult for demographers and pension planners to estimate accurately the number of aged in the future. Women in that age group are overrepresented, and it is expected that this imbalance at the sex ratio will continue past the turn of the century. Finally, disabled individuals are found in all age groups but are more concentrated in the older groups. Between now and the year 2035 the number of people 65 and over may increase by more than 120 percent, and the estimated number of disabled beneficiaries is likely to increase more than 35 percent because of demographic factors alone. These increases, combined with an estimated labor-force growth of only 6 percent, may require a renegotiation of the contract whereby the working generations help support the retired and disabled. Working paper.

140. Union/Snyder, Selinsgrove, PA. Office of Human Resources.
How-To-Compile a Human Services Directory: The First Step in Establishing an Information and Referral System.
Jan 81, 35p
SHR-0006488 Available NTIS PC $07.50/MF $4.00

The process followed by the Office of Human Resources of Selinsgrove, Pa., in planning, researching, and organizing a directory of all the human services agencies and groups serving the citizens of Union and Snyder Counties, Pa., is described. The stages in compiling the directory were as follows: (1) planning, (2) information collection, (3) data organization, (4) putting it all together, (5) distribution, and (6) updating the directory. The planning stage consisted of reviewing the literature on resource inventories; establishing an interdisciplinary agency planning and steering committee; identifying components of the resource inventory and the information items to be collected on each agency or group to be listed; identifying the format for printing, drafting information collection forms, compiling a list of agencies to be included; setting up recordkeeping on information gathering and updating; determining the information collection process; and establishing the number of directories needed. Information collection consisted of obtaining the information on the agencies and groups through the method decided upon in the planning stage and proofreading the forms for completeness. Data organization involved categorizing and organizing the data for the agency index, the problem index, the program index, and the special listings index. The stage of putting it all together involved placing information in the proper order, determining divider needs for quick information retrieval, and deciding how to educate people about using the directory. The distribution stage consisted of deciding whether the directory was to be free or, if not, what it would cost, and the plan for distribution. The stage of updating the directory involved determining the frequency for updates, if the agencies were to be updated simultaneously, how to check existing information, and how to provide directory users with the updated material. Materials used in the compilation of the directory are appended.

141. Urban Research Development Corp., Bethlehem, PA.
Handbook for Recreation Planning and Action.
1980, 96p
SHR-0007015 Available from Department of the Interior, 440 G Street NW, Washington, DC 20243.

Written for all sizes of communities with varying levels of expertise in recreation and planning, this handbook provides a sampling of basic tools and techniques local governments can use to develop planning processes and recovery action programs best suited to their needs. Underscoring how closely recreation relates to other community services to enhance the overall quality of life, it provides direction to Urban Park and Recreation Recovery (UPARR) communities in preparing their recovery action programs in accordance with the intent and specific requirements of UPARR. An overview of current situations involving urban recreation is presented, followed by an introduction to the UPARR program and its mandate that member communities prepare a recovery action program. Next, a presentation of nine fundamentals for planning and action related to recreation—including citizen involvement and cooperation, and implementation techniques and management—shows how communities can improve their recreation decisionmaking. In addition, a 10–step process for initiating and reviewing a preplanning process covers process design, organization, and relationships; inventory and evaluation; conclusions, implications, and issues; and goals and objectives. Formulating possible choices for action and planning strategies are also examined. Key planning elements (administration, organization, finance and budget issues, etc.) are outlined; action programs and plan adoption are also discussed. The last section delineates a format and set of guidelines for assembling and submitting a recovery action program. An excerpt from the Federal Register and a list of current Department of the Interior Heritage Conservation and Recreation Services (HCRS) publications are appended. Tabular data, maps, drawings, and photographs are provided. UPARR Action Program Development Guide.

142. Waldhorn, Steven A.; and Gollub, James O.
SRI International, Menlo Park, CA. Center for Urban and Regional Policy.
Using Nonservice Approaches to Address Neighborhood Problems: A Guide for Local Officials.
Feb 80, 111p
SHR-0006492 Available from Publication Services, SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025.

This guidebook provides city and county officials with information about an array of policy tools that use local governance powers rather than public funds to address neighborhood problems. The powers of regulation, taxing, administrative reform, and collaboration with the nongovernmental sector are discussed. The study found that local governments are increasingly using their regulatory powers to adapt zoning ordinances and codes to address special problems, such as the preservation of low-income housing, in ways which reflect the market realities of neighborhoods. They are using their tax powers not just to raise revenue but to aid special groups, such as the poor elderly, and to encourage private investors to participate in neighborhood revitalization. Their administrative powers are being used to target local government spending into economically depressed areas where it will have the greatest effect and to make sure that municipal resources are directed to encouraging neighborhood self-help efforts. Local governments are also using collaboration to involve private corporations, neighborhood organizations, and residents in neighborhood revitalization efforts. In these efforts, however, some local governments have failed to adequately consider the potential negative effect of tax, regulatory, or administrative reform approaches. They have not effectively integrated governance approaches with service-delivery programs, nor have they adequately assessed the political issues involved in applying such approaches to housing and economic development problems. Suggestions for making nonservice approaches work are offered. Appended is a catalog of nonservice approaches, and tabular data derived from the study are provided. (Author abstract modified). SRI Project 7136. Rediscovering Governance series.

143. Waldhorn, Steven A.; and Gollub, James O.
SRI International, Menlo Park, CA. Center for Urban and Regional Policy.
Using Nonservice Approaches to Address Neighborhood Problems: A Policy Overview.
Feb 80, 36p
SHR-0006491 Available from Publications Services, SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025.

This report examines the use of existing local governance powers to address neighborhood problems involving housing and economic development. They are called nonservice approaches because they operate not by the direct provision of services, but by exploiting local power to govern. Four general nonservice approaches being used throughout the United States to address local problems are regulatory and deregulatory strategies, tax policy changes, administrative reforms, and collaboration with the private sector. These approaches involve changing traditional zoning policies to ensure flexibility, prevent urban decay, and encourage small neighborhood businesses and revising tax policies by using both incentives and disincentives to protect the elderly and low-income from increasing housing costs, to stimulate development of new housing, and to encourage the improvement and development of urban business. The nonservice approaches also ensure that administrative policies of local agencies aim at achieving neighborhood objectives and that private sector businesses and local community groups cooperate to address neighborhood problems, to finance redevelopment of local neighborhoods, and to revitalize many urban business districts. Although all these approaches are limited by individual constraints, and by fiscal and political effects of the costs involved, local government policy planning efforts should take advantage of them and State and Federal governments should encourage their use. Two tables are included. SRI Project 7136. Rediscovering Governance series.

144. Welfare Research, Inc., Albany, NY.
Statewide Assessment of Family Day Care, Volume I.
Jul 77, 160p Executive Summary available from PROJECT SHARE.
SHR-0006656 Available from Publications Editor, Welfare Research, Inc., 10th Floor, 112 State Street, Albany, NY 12207.

The study explores counties and agencies administering services, service providers, and clients in the family day care system of New York State. The information is based on site visits, agency personnel interviews, provider interviews, and record searches conducted in 17 counties and in New York City. The study found that most counties administer their programs through a centralized system; conduct some kind of training for service providers; and use fairly uniform criteria and procedures for certification, approval, and supervision of day care homes. However, client eligibility requirements, reimbursement levels, and service costs varied widely from county to county. The data analysis of a subsample of providers and clients furnished information on age, income, educational background, reasons for providing / seeking home day care, and the number of children cared for in each home. For the three programs under study in New York City, results indicate that the programs use a complex, decentralized organizational structure; are required to use the State financial and programmatic reasons for eligibility determination; supply group training and home training for their providers; and reimburse their providers at the identical rate of $125 per child per month for full-time care in 1976. For the service system, the weekly cost per child is approximately $49.62, including administrative costs which account for nearly 50 percent of the total costs. The analysis of providers and clients in New York City supplied information in the same areas as that for the counties. The report includes full numerical results, numerous tables and charts, and several footnotes.

145. West Michigan Health Systems Agency, Grand Rapids. Mental Health/Mental Retardation Planning Section.
Long-Term Care Study: Needs of Those With Chronic Mental and Physical Disabilities.
1980, 105p
SHR-0006914 Available from West Michigan Health Systems Agency, 300 People Building, 60 Monroe Center, Grand Rapids, MI 49503.

This study describes institutional and noninstitutional long-term care services available in western Michigan through the West Michigan Health Systems Agency (WMHSA). Clients include the aged, the developmentally disabled, and subacute convalescents. Long-term care should be seen as a continuum of therapeutic care and maintenance provided over an extended period of time. Although an individual's chronic disabilities are key ingredients to the need for long-term care, major variables which are likely to indicate where the individual will receive care are age, living arrangements, availability of the full range of services, and access to those services. Progress has been made in western Michigan in the provision of long-term services in the areas of adult day care and home care services, affiliations between homes for the aged and nursing homes, and congregate living within the community. Increased development of home health care and other alternative community support services is anticipated to result in a leveling or possible decrease in demand for institutional care. Recommendations include soliciting the support of family and friends to care for the disabled, developing case management systems and uniform criteria for patient assessment, adjusting third-party reimbursement policies to include all levels of appropriate care, and using current formulas to estimate home health care needs and institutional bed needs. A total of 21 exhibits, 63 footnotes, and a bibliography of 86 primary and secondary sources are included. Thirteen appendices range from a list of chronic conditions and examples of category groups for impairment levels to estimates of the mentally retarded population by county and service needs estimates for the area. Study no. 81-1.

146. Western Michigan Univ., Kalamazoo. School of Social Work.
Kalamazoo Adult Protective Services Community Network Project: Final Report.
Oct 80, 251p
SHR-0006672 Available from Michigan Dept. of Social Services, Adult Protective Services, 300 South Capitol Avenue, Lansing, MI 48926.

This report presents the community development and research strategies that were used to create a community-based network model for the delivery of protective services to dependent adults in Kalamazoo County, Mich. The target population includes the developmentally disabled, the physically handicapped, the mentally ill, and the frail elderly. Difficulties in providing protective services to dependent adults, such as variations in the needs of this population, are examined, and legal considerations and controversies over effective treatment approaches are considered. The Kalamazoo Department of Social Services (DSS) felt that an appropriate service delivery system for this population should emphasize coordination between community agencies to improve referrals, identify service gaps, and expand resources. A description of the Kalamazoo Adult Protective Service (APS) project covers its history, goals, project design, and organization. Methods used by APS to develop community support are discussed, particularly strategies designed to overcome obstacles to a sense of shared responsibility between community residents, agencies, and the DSS for adult protective services. Research activities conducted by APS staff on community-based service models and the community development process are summarized. National APS demonstration projects were analyzed, a bibliography prepared, and the needs of the target population assessed. The agency network model developed by APS is presented, accompanied by reports on service delivery principles, public information and education, and implementation. Efforts to disseminate the project's findings are outlined, followed by a discussion of APS's effectiveness, future plans for Kalamazoo, and recommendations. The text includes tables, charts, footnotes, and 17 references. All documents produced by the research staff are appended, including an annotated bibliography of 144 references, and an exploration of APS supervisor and worker roles.

147. Wieck, Colleen A.; and Bruininks, Robert H.
Minnesota Univ., Minneapolis. Dept. of Psychoeducational Studies.
Cost of Public and Community Residential Care for Mentally Retarded People in the United States.

Nov 80, 245p Executive Summary available from PROJECT SHARE.
SHR-0007422 Available from Developmental Disabilities Project on Residential Services and Community Adjustment, University of Minnesota, 207 Pattee Hall, 150 Pillsbury Drive SE, Minneapolis, MN 55455.

Findings are reported from a study designed to (1) provide a descriptive profile of the national patterns of revenue, expenses, and capital investments of public and community residential facilities for the mentally retarded during 1977 to 1978; (2) provide an analysis of costs by 14 separate locational, organizational, and residential variables; and (3) use cost function analysis to test statistical relationships between and among several independent variables and the dependent variable, per diem cost, using multiple regression techniques. Cost data were collected from a national probability sample of 75 public residential facilities and 161 community residential facilities. A three-page self-report questionnaire designed to assess revenues and expenses was completed by the most appropriate financial officer of the facility. The population estimates of total revenue reported by all residential facilities was $3.11 billion, with government sources accounting for almost the entire amount. Total expenses for public facilities were $2.735 billion and $518 million for community facilities. The single largest expense reported by most facilities was for personnel. Capital investments totaled over $5.3 billion for land and buildings of all public and community residential facilities. Estimates of total revenue, expenses, and capital investments are presented separately for public and community facilities, as well as by census regions and size categories. Several public policy implications are discussed in terms of constitutional guarantees and level of funding; programming requirements and the application of cost functions; and reimbursement patterns, fiscal disincentives, and the future development of community alternatives. Appended are a description of sample facilities, study instruments, and a discussion of sampling errors. Tabular data and references are provided. (Author abstract modified). Project report no. 9 of Developmental Disabilities Project on Residential Services and Community Adjustment. Submitted as a doctoral thesis to the University of Minnesota.

148. Wink-Basing, Claudia.
Western Michigan Univ., Kalamazoo. School of Social Work.
Building a Community-Based Network for Adult Protective Services.
Oct 80, 50p
SHR-0006671 Available from Michigan Dept. of Social Services, Adult Protective Services Division, 300 South Capitol Avenue, Lansing, MI 48926.

This report explains how to build a community-based network for adult protective services. The guide defines "network" as the utilization of all the community's and agencies' services in a coordinated manner to deal with the client's problems. Adult protective services (APS) is, by definition, a complex program for people with complex needs. The guide offers an approach to protection of vulnerable adults that establishes community-based networks that coordinate service delivery between the department of social services (DSS), local agencies, and the public. The information is based on the experiences of the Adult Protective Services Project conducted in Kalamazoo County, Mich., from October 1979 through September 1980. The project focused on the development of strategies for mobilizing members of the community to meet the needs of vulnerable adults and on the design of a community-based adult protective services delivery model integrating DSS and existing services in Kalamazoo. Establishment of an APS network has several advantages for a community, including reduction of duplication, filling gaps in service, and making available options to reduce inappropriate institutionalization. However, the primary beneficiaries of such a network are the vulnerable adults themselves. The local DSS also has a great deal to gain from the process of network building. The network process involves four stages of development: identification of principal agencies involved in the effort, the organizational phase, the implementation phase, and the evaluation phase. This guide includes a question and answer section at the end of each section to highlight ways to address problems. Charts delineate the APS community network model and summarize the action steps. Footnotes and eight references are supplied. Appendices include the network plan developed in Kalamazoo County, the implementation plan for the network, and the service delivery principles for APS. Developed from the Kalamazoo Adult Protective Services Project.

149. Wisconsin Univ.-Madison. Faye McBeath Inst. on Aging and Adult Life.
Delivered In-Home Services to the Aged and Disabled: The Wisconsin Experiment.
1981, 223p
SHR-0006179 Available from Faye McBeath Institute on Aging and Adult Life, 425 Henry Mall, Univ. of Wis., Madison, WI 53708.

The Wisconsin Community Care Organization (WCCO) evaluated in this volume has sought to demonstrate working models of within-home services to elderly and adult disabled residents in the State. Three demonstration sites and a central office were established to carry out the project, with the premise that a large population of persons exists, including the elderly, disabled, and chronically ill, for whom maintenance of current levels of functioning is the most realistic goal. Such persons may have limited rehabilitation potential and require supportive health and social services designed to forestall deterioration and maximize capabilities. These maintenance services were seen as essentially nonmedical and were not included in the list of services covered by medicare or medicaid. The proposed approach was a method calling for financing through a waiver of the standard requirements of a State's Medical Assistance plan, enabling those funds to be used for nonmedical services. Important goals were to test and demonstrate whether a community-based service system can be designed to maintain a maximum level of independence, whether quality of life can be improved, and whether needed care can be provided for an individual at less cost than in an institution. In addition, the project sought to determine if existing resources can be augmented and coordinated to provide a broader range of services and if resources can be developed or presented in ways which will facilitate consumer participation. The evaluation showed that WCCO was able to demonstrate important effects in terms of a reduction in the numbers of days of hospitalization and nursing home institutionalization. Findings also indicated that the project had the potential to be cost effective and that, given certain organizational characteristics, such systems can provide effective and efficient community-based care for the elderly and disabled. A review of the related literature, operational history of the Community Care Organization, a discussion of evaluation methods, figures, data tables, and reference lists are included. Monographs on Aging, number 3.

150. Zinober, Joan Wagner; and Dinkel, Nancy R.
Florida Consortium for Research and Evaluation, Tampa.
Trust of Evaluation: A Guide for Involving Citizens in Community Mental Health Program Evaluation.
1981, 111p
SHR-0007455 Available NTIS PC $12.00/MF $4.00

This manual provides guidance for involving citizens in the evaluation of community mental health programs, and is intended for staff and governing board members of community mental health centers (CMHC's) undertaking such a project. The opening section presents background and general procedural information or citizen review groups (CRG's). Reasons for involving citizens in public agency planning and evaluation are reviewed, and nonspecialist involvement in evaluation is discussed. Experiences with CRG's are described to illustrate some of the principles presented, and basic procedures and variations for developing CRG's are discussed. The second section focuses on aspects of the CRG development process that require special attention. Issues discussed include how to decide on the variation in the CRG process that will be best for a particular CMHC; how to decide what type of citizen to recruit; how to recruit group members; and how to establish a cohesive group in a short time. Advice on how to make sure the citizens receive and understand enough information to be productive, and how to follow through on the CRG process is also given. Recommendations are offered for avoiding various difficulties likely to occur. The appendix lists and describes Federal legislation affecting the development of the CMHC program, and two references and seven selected readings are provided, along with a glossary. (Author abstract modified).

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☆U.S. GOVERNMENT PRINTING OFFICE: 1982-361-155/158

PROJECT SHARE
P. O. Box 2309
Rockville, Maryland
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for
Planning and Evaluation
PROJECT SHARE

Journal of Human Services Abstracts

VOLUME 7 NUMBER 2 April 1982

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Journal of Human Services Abstracts

PROJECT SHARE
P.O. Box 2309
Rockville, Md. 20852
(301) 251-5170

Project Officer, EILEEN WOLFF
Office of the Assistant Secretary for Planning and Evaluation
Department of Health and Human Services

Journal of Human Services Abstracts is published quarterly (January, April, July, October) by PROJECT SHARE.

PROJECT SHARE is operated by Aspen Systems Corporation, under DHEW Contract No. HHS-100-81-0052

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The *Journal of Human Services Abstracts* is divided into four parts: the abstracts themselves, arranged in alphabetical order by author; an alphabetical list of corporate authors; an alphabetical list of documents; and a subject index. The index provides a timesaving guide to the abstracts by specific subject category. The categories will be listed alphabetically and will include cross-references between conceptually related index terms and cross-references from synonyms to the preferred terms. Specific numeric citations (sequential abstract numbers) will follow the preferred index terms. These are not to be confused with the document accession and ordering numbers which appear at the left of the last line of each citation (see example below).

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As can be seen, one document is relevant to at least two of the subject categories – abstract number 187.

(Sequential abstract no.) **187.** Pitts, Robert A.
Developing Generic Capability through Welfare Service Integration: Concepts, Alternatives, Limitations.
15 Sep 75, 59p Executive Summary available from PROJECT SHARE.
(Order number) **SHR-0000694** Available from NTIS, PC $9.00/MF $4.00

In the above examples, we see that abstract 187, entitled *Developing Generic Capability through Welfare Services Integration: Concepts, Alternatives, Limitations,* was written by Robert A. Pitts, that the report was published September 15, 1975, that it is 59 pages long, and that it costs $9.00 for a paper copy (PC) and $4.00 for a microfiche (MF) copy. The availability statement indicates that it is obtainable from the National Technical Information Service. If the document were available from PROJECT SHARE or a private publisher, the statement would say "PROJECT SHARE" or give another source and the address. We also note that there is a 6- to 10-page *Executive Summary* of the document available from PROJECT SHARE. The actual abstract of the document would immediately follow these citation data.

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Abstracts

151. Agopian, Michael W.
Parental Child Stealing: Recommendations for Resolving Child Custody Disputes.
Nov 80, 12p
SHR-0008408 Available from Lutheran College, Administration of Justice Department, 60 Olsen Road, Thousand Oaks, CA 91360, Attn: Michael W. Agopian.

This paper examines the present and potential extent of parental child stealing in America and presents policy proposals to strengthen enforcement of child custody orders. Between approximately 25,000 and 100,000 parental child thefts occur annually and the rate is expected to rise along with the soaring divorce rate. Resolutions should reduce the relitigation of custody determinations, provide a strategy for assuring a stable home life for children, and effectively enforce child custody decrees. Two sets of laws should be created: one making parental child stealing a Federal offense and the other calling for States to adopt specific statutes banning such activity. International treaties specifically addressing parental child stealing should also be established, and uniform standards for determining the best interests of the child should be developed. Judges should receive special training in handling child custody matters and should consider requiring parents to post a financial or property security bond to ensure that children are not abducted. Twenty references are supplied. Presented at the American Society of Criminology Conference, Families and Crime panel, November 6, 1980, San Francisco, California.

152. Agopian, Michael W.
Child Stealing Research Center, Los Angeles, CA.
Problems in the Prosecution of Parental Child Stealing Offenses.
1981, 14p
SHR-0008409 Available from Lutheran College, Administration of Justice Department, 60 Olsen Road, Thousand Oaks, CA 91360, Attn: Michael W. Agopian.

Using 91 cases of a parent abducting a child in violation of a custody decree in Los Angeles, Calif., this paper discusses the extent of parental child stealing and prosecutorial approaches to this offense. Although statistics on child stealing are scarce and the offense is probably underreported, the potential for rapid growth of such thefts is considerable due to increases in the divorce rate, one–parent families, and number of fathers who desire custody. The Los Angeles County District Attorney's Office screens child stealing cases by determining if the act violates a custody order. When the matter cannot be settled by a letter from the District Attorney's Office or mediation, a misdemeanor prosecution is initiated. The final course of action is filing felony charges, but this is used only in aggravated cases and where the child's whereabouts is unknown or the child is believed to be in another State. A review of 91 cases screened by the Los Angeles District Attorney's Office between July 1977 and June 1978 showed that the offender was not arrested or in custody at the time of the investigation in 72 percent of the cases. Charges were filed in only 55 percent. Major reasons for rejecting felony prosecutions in 41 cases were incomplete evidence connecting the suspect to the crime and referrals for misdemeanor prosecutions. When criminal action is initiated, the major impediment is locating the offending parent. Nearly a quarter of the study cases did not progress beyond the issuance of a bench warrant for the offender's arrest. Offenders are well insulated from prosecution if they move from the jurisdiction and do not seek legal custody. Parental victims cooperate with the prosecutor until the child is returned and then frequently drop charges. Because prosecutors must be sensitive to the complex relationships characteristic of many parent child thefts, strict application of the criminal process is rare. References are included. Presented at the Western Society of Criminology Conference in Newport Beach, Calif., on February 29, 1980.

153. American Hospital Association, Chicago, Il.
Future of Health Planning.
1981, 209p
SHR-0008113 Available from American Hospital Association, 840 North Lake Shore Drive, Chicago, IL 60611.

Summary results are presented from a 1980 national invitational conference on the future of health planning. The conference consisted of small-group workshops and plenary sessions that focused on health planning and the hospital's role, responsibilities, and limitations; the role of voluntary mechanisms in assisting and augmenting hospital planning; and the role of government regulatory and financing mechanisms in stimulating effective hospital planning. Conference attendees generally agreed that hospitals have public service responsibilities and need to continue to move toward effective strategic planning within a community framework. There was a consensus that planning should be separated from regulation. Support was voiced for voluntary community-based health planning that recognizes regional differences as key components for effective health planning. Although attendees agreed that the present health planning law needs major modifications, they were reluctant to call for the total elimination of the act or certificate-of-need processes in the States. There was no general agreement on modifications needed in financing mechanisms, but the emphasis was upon providing financial incentives that would reward hospitals for effective management and sound planning. The conference agenda and a list of conference attendees are appended. Conference papers contain notes, references, and tables. Report of a national invitational conference, November 9-11, 1980.

154. Anchondo, Jorge.
Texas Advisory Commission on Intergovernmental Relations, Austin.
Implementing Management by Objective: Checklist Based on the Experience in Texas State Government.
Sep 81, 34p
SHR-0008819 Available from Texas Advisory Commission on Intergovernmental Relations, PO Box 13206, Austin, TX 78711.

The report provides a practical step-by-step approach to implementation of management by objectives (MBO) as well as discussion of experiences of Texas State agencies with MBO. The guidelines to establishing MBO comprise 11 consecutive steps from assessing the prospects for starting the program to reviewing the agency's personnel policies and practices and instituting methods to deal promptly with employee problems. Significant interim steps include becoming familiar with the philosophy and terminology of the system, adopting a formal policy to establish an MBO program, appointing someone to manage MBO activities, and establishing a work or development plan. Employee-related steps include increasing awareness about the program, deciding on the general method of implementation, setting realistic objectives, developing action plans, and establishing performance evaluation and counseling procedures. Concluding remarks relate to the experiences of establishing MBO at the Texas Department of Highways and Public Transportation and at the Department of Water Resources. Appendices list participating Texas agencies, nine references, a performance planning approach form, and basic guidelines for grievance and appeal procedures. An intergovernmental brief.

155. Baker, Michael.
Florence Heller Graduate School for Advanced Studies in Social Welfare, Waltham, MA. Levinson Policy Inst.
Selective Review of Client Assessment Tools in Long-Term Care of Older People.
Oct 80, 131p
SHR-0008812 Available from Levinson Policy Institute, The Florence Heller Graduate School, Brandeis University, Waltham, MA 02254.

This paper discusses the significance of client assessment to effective and efficient long-term care, reviews selected client assessment scales and procedures, and offers a critique and implications for future development in assessment design. Findings from research on aging and the experience of the elderly with long-term care needs who depend on the existing care system are discussed in relation to the design of better care systems in general and the assessment function in particular. Also considered are the implications of policy-level concerns on the design of the assessment function. The paper describes and discusses over 20 assessment designs, including scales that rate functioning and behavior, procedures that involve a battery of instruments, and scales for use in multidimensional assessment. Assessment scales constitute one major group of assessment designs that may be characterized by their ability to provide a quantitative profile and/or total assessment score. Most of these scales have been developed for use in institutional settings either as part of care planning or management, or in admission screening. Assessment procedures often include scales but generally are as concerned with sampling a broad range of client behaviors or conditions that signal functional difficulties that may degrade well-being in any significant way. The procedures employ various recording formats including client interviews, semistructured checklists, observer ratings, and a narrative style (separately or combined with another format). The major strengths and weaknesses of these various designs are examined. The paper concludes that the development of devices that aid, rather than replace, reasonably qualified professionals in identifying and interpreting client characteristics may represent the best near-term research investment. Tables and chapter notes are provided.

156. Bernstein, Alice G.; Love, Robert; and Davis, Glenn E.
Market Facts, Arlington, VA. Public Sector Research Group.
Collaborative Data Collection and Analysis for Community Support Program Demonstration Projects.
Feb 81, 432p
SHR-0006974 Available NTIS PC $31.50/MF $4.00

This report assesses the reliability and validity of individual items and scales used in the Uniform Client Data Instrument (UCDI) of the National Institute of Mental Health. The instrument was constructed to monitor how various types of Community Support Programs (CSP's)—serving chronically mentally disabled adults—were operating and to identify clients and how they were adjusting to life in the community. The report also examines feasibility issues pertaining to the use of case managers to complete the UCDI; describes the background and activities of case managers; and explores the relationship among client demographics, clinical history, adjustment, and service use. Data are collected from completed UCDI's returned by case managers, scores on the Katz Social Role and Leisure Time Activity Scales for about 300 clients, and Brief Psychiatric Rating Scales scores for about 100 clients. Findings established the feasibility of having case managers complete the UCDI and pointed out that the adjustment-to-the-environment items on the UCDI could be reliably used only by case managers who were familiar with their clients. Other findings present demographic information on clients, clinical histories, and data on services utilization and clients' adjustment to the environment. Case managers are portrayed as typically female (62 percent), white (86 percent) and in their thirties. Finally, data indicate that most clients met the eligibility requirements to participate in the CSP. Study instruments and findings, tables, and 12 references are appended. (Author abstract modified).

157. Birmingham Regional Planning Commission, AL.
Feasibility of the Senior/Special Program Being Operated by a Private Operator or a Social Service Agency.
Feb 81, 86p
SHR-0008817 Available from Birmingham Regional Planning Commission, 2112 11th Avenue South, Suite 220, Birmingham, AL 35256.

This report outlines the implications and possibilities involved in the transfer of the Senior / Special Program in Birmingham, Ala., from the Birmingham Council Transportation Committee to a private operator or a social service agency. The program provides transportation for persons having mobility limitations. Anyone over 60 or handicapped is eligible for the service. The report concludes that the alternatives of having the program transferred to a private operator or a social service agency appear to be cost-justified as well as workable. A request for a final proposal and a negotiation process would be the next step. However, the desirability of transferring the operation is tenured by the following considerations: if the transit authority funding issue is resolved, the areawide system would result in providing extensive door-to-door handicapped service in 36 vans; the system would have to be funded from the regular areawide funding source or by special allocation of all member governments; and the question of the existing vans would have to be addressed. Therefore, the report recommends that no final decision concerning transfer be made until the funding situation of the transit authority is resolved at least on a semipermanent basis and that service should be provided only to the handicapped, not the elderly. Tables, the contract, and other related proposals are included. (Author abstract modified).

158. Brace, Paul K.; Elkin, Robert; Robinson, Daniel D.; and Steinberg, Harold I.
Peat, Marwick, Mitchell, and Co., Detroit, MI.
Reporting of Service Efforts and Accomplishments.
1980, 114p
SHR-0008314 Available from Financial Accounting Standards Board, High Ridge Park, Stamford, CT 06905.

Reports from 120 nonbusiness organizations in 6 categories were examined to determine the nature and extent of these organizations' reporting about service efforts and accomplishments. The six types of organizations included colleges and universities, hospitals, human service organizations, State and local governmental units, trade and professional associations, and philanthropic foundations. The study was commissioned by the Financial Accounting Standards Board as part of its conceptual framework project on nonbusiness organizations. Review of more than 1,000 instances in which information on service efforts and accomplishments were reported revealed that each type of organization communicated this type of information. In addition, many of the data were quantified. Information on efforts was more readily found than was information on accomplishments, and information on efficiency was more prevalent than information about effectiveness. Although output measures were commonly reported, much less information was conveyed regarding results. Trend data or multiyear data were not commonly found. Most reporting on service efforts and accomplishments was done in reports other than general purpose external financial reports. Philanthropic foundations faced unique problems in reporting on accomplishments because most of the services they found are conducted by grant recipients. It was concluded that reporting on service efforts and accomplishments is an appropriate part of financial reporting and that such reporting could be improved, although further research is needed on the amount or level of detail that would be appropriate. Detailed analyses of reporting for each type of organization, tables, and footnotes are included. Appendices present the study instrument, a general bibliography listing 17 sources, and chapter bibliographies. (Author abstract modified). Research report.

159. Brotz, Charles.
Wisconsin Dept. of Health and Social Services, Madison. Program Analysis Section.
DHHS Employment and Training Programs: A Background and Issue Identification Paper.
Aug 81, 45p
SHR-0008669 Available NTIS PC $7.50/MF $4.00

This paper summarizes the employment programs operated by Wisconsin's Department of Health and Social Services (DHHS) in the divisions of corrections, community services, vocational rehabilitation, and economic assistance. The paper first presents a general overview of the nature and extent of the unemployment problem and the governmental policies directed toward solving it. Next, a framework or classification system for distinguishing between the various types of employment programs is described. This analytical framework permits a review of the economic theory and policies upon which the department's policies are based. In the final section of this report, the 19 employment-related programs administered by DHHS are examined. Information on the history, purpose, and objectives of each program is given, along with data on the target population and eligibility factors, services provided, staffing, funding, and administrative organization. Issues and policies of current interest are also reviewed. Among the programs in corrections are work release, study release, adult work experience, youth work experience, transitional employment, purchase of service, and Wisconsin corrections industries. Community services include the Senior Community Services Employment Program, Refugee Resettlement Program, Work Incentive, Displaced Homemaker Center, grants for employment of developmentally disabled persons, sheltered employment, and title XX education and training. Title I-B basic services, homecrafts, and workshop for the blind constitute the vocational rehabilitation category. The Relief to Needy Indian Persons Work Experience Program represents the department's efforts in the area of economic assistance. Tabular data are provided.

160. Bruce, Robert; Bozzo, Robert; and Mann, Sheldon.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: Cross-Site Analysis of the Programmatic and Functional Components.
1 Jul 81, 53p
SHR-0008680 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

This cross-site analysis of the programmatic and functional components of six long-term care channeling projects highlights the programs of the six projects, along with important issues emanating from their operations. "Channeling" refers to the organizational structures and operating systems required in a community to link people who need long-term care to the appropriate services. The key elements of channeling are timely client assessment and case management interventions as methods for organizing care to meet individual needs and controlling long-term care expenditures. The goals of this exploratory evaluation of six such channeling projects are to ensure that program objectives and assumptions are well-defined and plausible and that further program evaluation is feasible and likely to be useful. An additional goal of the evaluation is to describe the existing programs and their problems so as to determine the relevance of their experience for the National Channeling Demonstration Program (NCDP)—a Federal program intended to stimulate improvements in the long-term care system at the State and community levels. This cross-site analysis of the programmatic and functional components presents the implications of evaluation findings for the NCDP. Components discussed are planning and implementation, caseloads and staffing, major funding sources, eligibility, outreach and referral, intake and eligibility determination, assessment and reassessment, care planning, service authorization, case management and service monitoring, and data collection and outcome measurement. The seven other reports derived from the evaluation examine in detail the six projects and present an appendix containing all key forms used by the sites. See also related document, SHR-0008671.

161. Bruce, Robert; Bozzo, Robert; and Mann, Sheldon.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: The California Multipurpose Senior Services Project as Implemented by Jewish Family Services and The Senior Care Action Network.
1 Jul 81, 162p
SHR-0008675 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

This evaluation of California's Multipurpose Senior Services Project (MSSP) discusses the implementation and performance of MSSP at two of eight local sites—the Jewish Family Services (JFS) of Los Angeles and the Senior Care Action Network (SCAN) in Long Beach—and the function and measurement aspects of MSSP as a whole. MSSP is basically a research and demonstration program to test cost savings approaches to deinstitutionalization of the elderly. It provides State funds to local agencies who must adhere to required controls and structures. The information collected on site revealed some differences in approach and emphasis between the sites despite a common objective—to aid elderly persons to live independently. JFS is a traditional social service agency that operates the Freda Mohr Center, a multiservices center providing casework and case management services, counseling, help with living arrangements, transportation, job referral, health screening, and other services. The Senior Care Action Network (SCAN) taps public and private resources through a structured case management system with a single point of entry. Its focal point is a multiservice center—the Long Beach Senior Center. The MSSP research design stipulates that a control group of clients be studied along with the experimental group and that analysis be conducted of client characteristics and problems, costs, adequacy of MSSP response, and Medi-Cal utilization trends. The contractor operates a computerized management information system and cooperates with staffs of other departments at the State level. Both JFS and SCAN have established financial systems separate from those of the host agencies and have found that MSSP requires a more complex cost accounting system than do the agencies' ongoing programs. A series of models describe the agencies' performance regarding MSSP in the areas of organization, client pathway and program elements, client eligibility, outreach and referral, intake and prescreening, client assessment care planning, arrangement for services, service provision and monitoring, billing procedures, linkages to other agencies, outcome measurement and data collection, and facilitators, problems, and issues. Evaluation data indicated that the MSSP assessment instruments are widely considered to be too long, taking about 1 hour to administer. The MSSP control system was implemented in both sites after the program had been operating for a few months, so that delays in selecting and assessing the comparison group could affect evaluation results. Some turf problems have arisen in planning and implementing MSSP, but they do not appear to be critical. Attachments include samples of key forms used by the MSSP project at the two sites.

162. Bruce, Robert; Bozzo, Robert; and Mann, Sheldon.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: The In-Home Services Program of the Southwest Arkansas Area Agency on Aging.
1 Jul 81, 65p
SHR-0008674 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

This exploratory evaluation of the In–Home Services Program of the Southwest Arkansas Area Agency on Aging is part of a nationwide assessment of selected long–term care "channeling" projects. The In–Home Services Program serves 12 counties in the southwest corner of the State. The general procedures for the program are the same for all Area Agencies on Aging (AAA's); however, both the specific form of the program and an AAA's experience with it may vary across the State. For the Southwest Arkansas AAA, a client's need for personal care services is assessed by a caseworker and a registered nurse, using an assessment instrument developed by the State. Personal care services are provided by trained inhome services providers who have separately negotiated contracts for each client. Providers serve supplemental security income (SSI) recipients and are supported by medicaid. In–home services aides serve the clients ineligible for SSI and are funded by the Comprehensive Employment Training Act Title II–D and Older Americans Act Title V. Licensed Practical Nurses monitor the services. Overall, case management and arrangements for other appropriate services are the responsibility of the caseworkers. This evaluation report discusses program objectives, planning and implementation, organization, program elements and client pathway, billing procedures, linkages, outcome measurement and data collection, and facilitators, problems, and issues. The key forms used are attached.

163. Bruce, Robert; Bozzo, Robert; and Mann, Sheldon.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: The Massachusetts Home Care Program as Implemented by Greater Lynn Senior Services, Inc.
1 Jul 81, 44p
SHR-0008679 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

This study focuses on the home care program administered by Greater Lynn Senior Services, Inc. (GLSS) of Lynn, Mass. The program is responsible for providing elders the opportunity to remain in their homes with support services, such as homemaker services, chore services, case management, and information and referral. The program objectives are to assemble the network of social support services needed to avert institutionalization of Greater Lynn elders, remove barriers to personal mobility by improving transportation resources for Greater Lynn elders, and improve the efficiency and accessibility of nutrition services so that more needs of Greater Lynn elders are served. In implementing its home care program, GLSS went through the following basic steps: (1) became a private, nonprofit organization, (2) worked out staffing needs, (3) developed assessment procedures, (4) developed a work plan, and (5) developed a financial plan. GLSS had few problems in the area of service provision because of its preexisting status as a multiservice center. The social service linkages were already in place, as were the referral mechanism. The greatest problems were in developing administrative procedures and setting up the fiscal management system. Administrative problems included such issues as how to order supplies for an increased staff, how to calculate staff space needs, and how to handle more complex financial management requirements. Care assessment and care planning are centralized and carried out by the main GLSS office. Other functions are more decentralized, with six councils on aging being a key component of the service process. GLSS has approximately 850 active cases under the home care program. The client / case manager ratio is about 72 to 1, which is in concert with the State regulations. Problems of the home care service identified by GLSS include limited funding for homemaker services, low level of coverage for the companion program operations, the unavailability of evening hours and weekend home care, and the lack of respite care to relieve families from care duties. Diagrams and attached forms are included.

164. Bruce, Robert; Bozzo, Robert; and Mann, Sheldon.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: The New York State Long-Term Home Health Care Program as Implemented by the Metropolitan Jewish Geriatric Center.
1 Jul 81, 59p
SHR-0008676 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

This report assesses the New York State Long-Term Home Health Care Program (LTHHCP) implemented in 1979, with particular attention to the project operated by the Metropolitan Jewish Geriatric Center (MJGC) in Brooklyn. The LTHHCP was designed to allow a single organization—a nursing home, hospital, county health department, or community agency—to design and manage a comprehensive program of community and home health care services. The MJGC, which was selected as one of the nine initial sites, offers skilled nursing care, intermediate care, day care for older adults, respite service, and a hospice unit. Following a review of LTHHCP's objectives and its legislative history, problems encountered in the application and setup processes are discussed. The LTHHCP's organization and staffing are detailed for State and site levels, as is the client pathway at MJGC. Also covered are eligibility requirements, outreach and referrals, intake procedures, and medical assessment. The role of New York's Human Resources Administration (HRA) is described, as are the home assessment and care planning phases conducted jointly by the HRA case manager and the MJGC nurse coordinator. After the HRA approves the case budget, the MJGC through the nurse coordinator arranges for services and monitors delivery, largely through weekly reports from visiting nurses. Periodical medical reassessments are required. The report also considers billing procedures, linkages between State and local levels, difficulties in data collection, and proposed evaluations. Finally, problems and issues that have surfaced during the implementation of LTHHCP are examined. Factors that contributed to the MJGC's ability to develop its program quickly are identified, such as aggressive marketing, high quality staff, and established linkages. The appendices contain a list of persons interviewed for the report and key forms used by the MJGC.

165. Bruce, Robert; Bozzo, Robert; and Mann, Sheldon.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: The State of Utah's Alternatives Program as Implemented by the Weber County Human Services Department.
1 Jul 81, 38p
SHR-0008681 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

The alternatives program (TAP) is a State-supervised locally administered program in Utah to provide services that will enable elderly people with social needs to live independently from an institution. This report evaluates TAP as administered by the Weber County Human Services Department. One of the State's 12 TAP sites, Weber County provides health and social services through county agencies with virtually no assistance from the private or voluntary sector. A shortage of residential care beds and waiting lists for admissions characterize the county's residential health care. The report evaluates TAP's performance in these areas: (1) accomplishment of objectives; (2) planning and implementation; (3) organization; (4) program elements and client pathway; (5) billing procedures, (6) linkages to other State departments; (7) outcome measurement and data collection; and (8) facilitators, problems, and issues. The evaluation found that TAP has strong support from organizations serving the elderly in the State, that the State was cooperative in financing TAP programs, that the sites adhered well to TAP rules, and that the State Division on Aging accorded Area Agencies on Aging (AAA) offices considerable flexibility in implementing and conducting their local TAP's. While the Division prescribes general program procedures, the sites are given wide discretion concerning the identification of service needs, selection of providers, and case management decisions. Weber County was supportive of this policy. Weber County, with the AAA located within the Department of Human Services, is able to readily access the services available from other programs. Problems are a shortage of providers and a limited capacity for handling medical admissions, since TAP personnel are oriented to dealing with persons at risk of institutionalization for social reasons. Forms used by the Weber County TAP are attached.

166. Burd, Reg.
Guidelines on the Transfer of Human Service Information Systems.
1979, 45p
SHR-0008941 Available from Battelle, Columbus Division, 8330 Old Courthouse Road, Suite 810, Vienna, VA 22180.

This report discusses human service information systems, technology transfer as a system implementation strategy, the technology transfer process, and factors affecting successful systems transfer. Every organization that delivers human services has an information system. The information system activities of these agencies normally fall into two categories: client-related and organization-related. The components of human service information systems include information system policies and procedures, personnel, forms, software and hardware, and output. Human service agencies need data to function and they interact by exchanging data. The user transforms these data into information. Information systems transfer can take place at the concept, design, and operational levels. Systems transfer can save valuable time and reduce implementation costs because of the reduced level of effort required in several tasks. The process of transferring human service information systems comprises four major phases: determining user needs, systems selection, systems installation, and training and operation. The functional specification is the anchor of the implementation process; it describes the characteristics that the transfer system must possess in order to be a viable candidate for transfer. Contents of the functional specification, approaches to and a procedure for conducting the functional requirements analysis, and a strategy for developing information systems are presented. In a discussion of factors affecting systems transfer, it is emphasized that satisfying pretransfer conditions, selecting the appropriate system and maintaining good documentation are critical ingredients of a successful transfer. Flow charts and other illustrations are provided.

167. California Office of Appropriate Technology, Sacramento. Community Assistance Group.
Local Energy Initiatives: A Survey of Cities and Counties in California.
1980, 58p
SHR-0008598 Available from Office of Appropriate Technology, 1600 Ninth Street, Sacramento, CA 95814.

167.

This pamphlet reports on a survey of California's local governments and community groups taking action to cut energy use and lists the energy initiatives planned or implemented throughout the State. In addition, the ideas are assembled by kind and described in terms of how different jurisdictions have approached their problems. These descriptions also mention relevant State and Federal laws and quantify potentials for some of the proposed energy activities. Included in this listing of energy activities are such efforts as formulation of energy policy, the position of energy coordinator, building energy management programs, public energy conservation programs, weatherization programs, local mass transit, a bicycle transportation system, and vanpool and carpool programs. Still other ideas in the list are methane from landfills and from wastewater, aquaculture wastewater treatment, refuse–to–energy conversion, recycling, cogeneration, alcohol fuels, wind installations, and small–scale hydropower. Since new actions are continually being adopted by local jurisdictions, the material in the pamphlet may quickly become outdated. An update of the study is intended for January 1981. About half of the data are presented in tabular form.

168. California Office of Appropriate Technology, Sacramento. Community Assistance Group.
Working Together: Self-Reliance in California's Communities.
1981, 110p
SHR-0008023 Available from Office of Appropriate Technology, State of California, 1600 Ninth Street, Sacramento, CA 95814.

This book describes the movement toward self–reliance in American neighborhoods where people are working cooperatively to improve housing, fight redlining, provide their own food and energy, and improve community services. The first section discusses some of the local, national, and global problems that have triggered local self–reliance initiatives and explores the human, natural, and financial resources available in a community. Section two looks at some examples of community self–reliance taking place in California, with emphasis on the human creativity and cooperation needed to improve a community's quality of life. The book's third section discusses the process of organizing for community self–help projects. The discussion and examples are designed to show that solving many contemporary problems can often begin most effectively at the local level. In addition, the book is intended to provide a handbook of ideas that may be adapted or expanded for application in other communities. Approaches to providing services are illustrated by a Chinese community housing corporation, an alternative consumer energy society, the Toyabe Indian health project, and a farmers' market association. A rent control group, a citizens' action league, and an agricultural protection council represent efforts against inequity. Food cooperatives, community industries, and a credit union are examples of economic endeavors, while a wastewater authority, a center for appropriate technology, and a community environmental council represent groups working toward long–range goals. Illustrations are provided. The appendix lists resources in the form of books, newsletters, and periodicals, agencies and groups, and the California groups discussed in this book.

169. California Public Interest Research Group, San Diego.
Housing Project: An Advocacy Training Program.
Oct 81, 259p
SHR-0008863 Available from CalPIRG/The Housing Project, 3000 E Street, San Diego, CA 92102.

This document was designed for San Diego, Calif., housing consumers, particularly those with special housing needs, to give them the tools, whether basic information about local policy-making processes or reliable research documenting the extent of the problems that lie at the center of controversial housing issues, so that they can participate more effectively in the decisionmaking that deeply affects their lives as consumers. The manual is divided into 20 sections, each a 3-hour to 4-hour training session on key issues of housing policy and consumer participation. The first 10 sections focus on renters. Individual sessions cover such topics as strategies for tenant advocacy, understanding rent subsidy and assistance programs, the place of renters in neighborhood deterioration and reinvestment, housing cooperatives, and building a strong tenants' union. The second section (10 sessions) is devoted to homeownership, with an emphasis on subjects such as affordable homeownership, the ABC's of home financing, ways for cities to provide affordable housing, preserving affordable neighborhoods, unconventional forms of homeownership / tenure, and zoning and permit processing. Appendices include outreach materials, a roster of participant organizations, and a roster of speakers. An index is included.

170. Callahan, James J.; Plough, Alonzo L.; and Wisensale, Steve.
University Health Policy Consortium, Boston, MA.
Long-Term Care of Children.
Jul 81, 66p
SHR-0008064 Available from Brandeis University, University Health Policy Consortium, Florence Heller Graduate School, Waltham, MA 02254.

Data on the cost of long-term care of children are presented, and implications of the Health Care Financing Administration are discussed. Findings show that the number of children needing some type of long-term care services is between 3.2 to 3.8 percent of the child population (2.1 to 2.5 million children); this absolute number will increase slightly over the next 10 years. The number of severely handicapped children is between 230,000 and 500,000. Total health and educational expenditures for these children range from $5 billion to $7 billion annually. Responsibility for sharing these costs is distributed among families, private insurance, and Federal, State, and local public agencies. Long-term expenditures for selected conditions can be very high; for example, $250,000 (birth to age 21) for a child with spina bifida. Yearly costs range between $20,000 and $25,000 for children in intermediate care facilities and skilled nursing facilities, and up to $100,000 for children in specialized hospitals. Medicaid expenditure reporting is grossly inadequate for developing any national estimates of medicaid's share of the problem. The major areas of costs for medicaid are care of the developmentally disabled child in institutions and in the public school system. There is potential for expanding the pool of persons eligible for medicaid or selected medicaid-reimbursed services through greater use of supplementary security income for disabled children, an expanded definition of developmentally disabled, and an expanded definition of "other related services." Tables and footnotes are supplied. Appended are statistical data, definitions of limitations in activity, descriptive information on spina bifida, and a list of 69 data sources. (Author abstract modified). University Health Policy Consortium background paper.

171. Chutis, Laurieann.
National Self-Help Clearinghouse, New York.
Self-Help Mutual Aid Groups and Community Mental Health Center's: Effective Partners.
1980, 54p
SHR-0008003 Available from National Self-Help Clearinghouse, 33 West 42nd Street, Room 1206A, New York, NY 10036.

This document provides a step-by-step model that community mental health centers (CMHC's) may follow in developing and working with self-help groups in their communities. Although the focus is on actual organizational issues, the role of the mental health professional is highlighted.

The first step is to establish priorities by identifying commitment and conducting needs and resource assessments. CMHC's should first establish a mutual sharing of information and avoid duplication of the efforts of existing organizations. Next, a task force made up of members of the targeted client group should be formed. This process involves recruiting task force members and establishing the task force's role. The self-help organization itself relies heavily on the task force, which becomes the executive committee of the organization and sets its goals and objectives. The mental health worker must help formulate the needs questions, and the executive committee must decide on the answers. The executive committee recruits members according to whether the organization's purpose is informal sharing, individual help, or political action. Issues in recruitment include publicity / public relations, legitimization, and referral sources. Eventually, the self-sustaining, self-help organization reevaluates the role of the mental health worker. The worker should not withdraw consultation services too fast because an ongoing working relationship between the group and the center is needed. Consultation by the professional can occur when there is growth of self-help group services, attrition, new directions, interorganizational questions, or a need for new goals. The mental health professional must always remember that the natural helper is the expert. In addition to ongoing consultation support, the mental health professional can provide training and orientation for new group helpers. A total of 28 references and a publications list are provided.

172. Citizens Committee for New York City, Inc.
Funding Neighborhood Programs.
1980, 51p
SHR-0008020 Available from Citizens Committee for New York City, Inc., 3 West 29th Street, New York, NY 10001.

This booklet, intended for use mainly by neighborhood self-help organizations, provides information and ideas on how to raise funds at the neighborhood level; how to approach business and industry, foundations, and Federal funding sources; and the tools needed for each endeavor. Additional information is included on accounting, volunteers, boards of directors, legal incorporation, and resources needed. The manual begins with suggestions for motivating and recruiting members and volunteers. Subsequent chapters on basic principles of fundraising suggest a variety of events for attracting neighborhood funds. It is suggested that writers of proposals begin with a hard look at the organization and its aims to assess chances realistically. Tips are given on the formulation of a successful proposal, and public and private funding sources are examined. Concluding advice focuses on minor strategies such as selecting a fresh and descriptive name for the organization, learning as much as possible from others' experiences, setting up a funding source card file, joining a coalition with similar interests, getting technical assistance from outside experts, and following current events that relate to the organization's issue of interest. A resource list provides fund-raising materials and information. Tabular data and illustrations are also given.

173. Commission on Accreditation of Rehabilitation Facilities, Tucson, AZ.
Standards Manual for Rehabilitation Facilities.
1980, 106p
SHR-0008085 Available from Commission on Accreditation of Rehabilitation Facilities, 2500 North Pantano Road, Tucson, AZ 85715.

This manual for the rehabilitation community serves as a source of definitions, criteria, standards, interpretations, and reference and resource materials on the various elements of rehabilitation facility operation. Its standards and supporting materials are derived from standards and publications developed by the Association of Rehabilitation Centers and the

National Association of Sheltered Workshops and Homebound Programs. The manual presents the requirements that must be met in order to be eligible for accreditation as a rehabilitation facility. The standards for rehabilitation facilities are organized under nine basic areas: purposes, organization and administration, services, personnel, records and reports, fiscal management, physical facilities, community involvement and relations, and program evaluation. Under each principle stated for each area is a series of basic standards followed by specific requirements that identify conditions, functions, or activities needed to fulfill the basic standard. Additional standards that are applicable to a specific program category are detailed at the end of each standards area. An interpretation of the standards gives the rationale for standards in each area, helps the facility relate standards to operations, and provides examples of methods for fulfilling a standard. A list of resource materials is included that is cross–referenced to the specific standards to which the materials apply. The list represents the overall documents necessary for a facility to maintain and support an effective program. Finally, accreditation policies and procedures of the Commission on Accreditation of Rehabilitation Facilities are furnished.

174. Community Council of Greater New York.
Ethnicity: An Issue for Human Services in the 1980's. Findings and Implications of Recent Research.
Apr 81, 37p
SHR-0007758 Available from Community Council of Greater New York, 225 Park Avenue South, New York, NY 10003.

Findings and implications are presented from two studies that explored ethnicity and race as factors in the delivery of human services. In one study, 54 agencies serving Asian American, Mexican American, black, Puerto Rican, and Native American Indian families and children were visited, and staff and parents of children in care were interviewed. An attitude scale designed to measure attitudes toward how various ethnic groups and races should interact with one another (a continuum from equal rights or "melting pot," to cultural pluralism, to the active promotion of ethnic identity) was sent to over 1,600 members of the National Association of Social Workers and to about 600 social workers in the ethnic agencies visited. Findings showed that child welfare workers as a whole revealed attitudes on ethnic services somewhere between "equal rights" and "cultural pluralism," while workers in ethnic agencies showed a greater degree of ethnic commitment. The second study compared three voluntary nursing homes in which the majority of residents were black aged with two voluntary nursing homes that were predominantly white with a small percentage of blacks in the resident population. Administrators, residents, and family members were interviewed using the same attitude scale as in the other study. Findings showed that black administrators felt more strongly than white administrators about actively promoting pride in black culture within the programs provided. Residents in both types of facilities placed greater emphasis on including cultural components in programming than on matching staff and residents. Implications of the research are discussed. Also included is a discussion of the studies' findings by participants in the workshop where the studies were presented. Proceedings of a research utilization workshop, November 19, 1980.

175. Community Services Administration, Washington, DC. Office of Policy, Planning, and Evaluation.
Policy Issues for the Elderly Poor.
1981, 121p
SHR-0008951 Available from Diane Downey, Human Services Specialist, NCAAEDA, 815 15th Street NW, Suite 610, Washington, DC 20005.

175.

Problems of the low-income elderly (income adequacy, energy, minority group issues, and rural environment) are examined in this series of papers, and policy implications are considered. Papers dealing with income adequacy of the elderly present a detailed description of poverty among the elderly and an analysis of the problems associated with the measurement of poverty among the aged, an examination of some fundamental changes in the social security system that would address some of the aforementioned issues, findings on the health and incomes of a group of early retirees, and an effort to identify determinants of nonparticipation of low-income elderly in income security programs. One of the papers in the chapter on energy analyzes the energy assistance programs in Minnesota, reviews their strengths and weaknesses, and suggests improvements and changes. The second paper compares the energy assistance programs in Virginia and Pennsylvania using a cost-effectiveness analysis and presents recommendations for future energy assistance policies. Papers considering minority group issues examine the impact of Federal health care policy on the black elderly and the economic well-being of retired Hispanics. Presentations dealing with the rural elderly document the inequities in public assistance that victimize the rural elderly, compare the services offered and used by the rural and urban low-income elderly, and examine economic impacts and policy issues affecting the rural elderly poor. The final paper on policy implications concludes that current policies toward the elderly are policies of rectification that are inadequate to correct decades of neglect and inequality. A comprehensive assessment of the elderly poor as a prelude to new policy development is recommended. Footnotes, references, and appropriate tabular and graphic data accompany the presentations. CSA pamphlet 6172-8.

176. Cornelius, Debra A.
George Washington Univ., Washington, DC. Regional Rehabilitation Research Inst. on Attitudinal, Legal, and Leisure Barriers.
Barrier Awareness: Attitudes Toward People With Disabilities.
1981, 72p
SHR-0008774 Available from George Washington University, 1828 L Street NW, Suite 704, Washington, DC 20036.

This introduction to attitudinal barriers to disabled persons discusses what the barriers are, how to recognize them, and what an individual can do to help reduce attitudinal barriers. An attitudinal barrier is defined as "a way of thinking or feeling resulting in behavior that limits the potential of disabled people to be independent individuals." Attitudinal barriers listed are avoidance, fear, insensitivity, stereotyping, misconception, discrimination, invisibility, discomfort, insecurity, and intolerance. Common myths or misconceptions about disabled persons in general are stated and facts presented to counter each stated myth. This same format is used in discussing persons with particular disabilities: wheelchair users and persons with hearing impairments, visual impairments, mental retardation, and hidden disabilities. Steps individuals can take to help reduce attitudinal barriers for the disabled are described in the concluding section. They include (1) contacting community facilities about making the facility more accessible to disabled people; (2) including disabled employees on planning committees for office picnics, parties, and other events so activities may take into account particular disabilities; (3) including disabled citizens on task forces dealing with community planning so that community services will be geared to serve the disabled; and (4) challenging through letters and phone calls public misrepresentations or negative attitudes regarding disabled persons. Sources for information on disabilities in general and particular disabilities are listed. One of the books in the Barrier Awareness Series.

177. Coyne, Ann Gaffey.
Child Welfare League of America, Inc., New York. North American Center on Adoption.
Organizational Effectiveness of Public and Private Child Welfare Agencies.
Nov 80, 369p
SHR-0008169 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

A study was conducted to test the validity of organizational structure, agency climate, and decisiveness as predictors of agency success in placing developmentally disabled children for adoption. A literature review emphasizes that caseworker attitudes and organization structure appear to have more impact on a child's chances for adoption than the traits of the child or the biological family. This project first identified 510 agencies that were licensed to place for adoption and had access to developmentally disabled children. Questionnaires were completed by 199 of these agencies located in 39 States, the District of Columbia, and a Canadian province. Adoption specialization, legal auspice, and agency size and opportunity were used as control variables, and decisiveness, caseload size, span of control, formalization, centralization, leadership, professionalization, and technical knowledge were tested as predictors of success. When the total sample was analyzed, decisiveness was the strongest predictor; however, a different pattern emerged when public and private agencies were examined separately. Technical knowledge, specifically permanent planning training for staff, was the only significant predictor of success for public agencies. Decisiveness was important to private agency success, but leadership, centralization of decisionmaking, and technical knowledge were also influential. These findings show that specialized training in difficult adoptions is critical to success. A bibliography, the survey questionnaire, descriptions of the methodology, and statistical tables are appended. Presented in partial fulfillment of the degree of Doctor of Philosophy to the University of Nebraska Graduate School, 1980.

178. Daniels, Pam; and Mioducki, Kathy.
New York State Dept. of Social Services, Albany. Domestic Violence Program.
Special Care Homes...A New Beginning: A Program Planning Guide.
1980, 18p
SHR-0008763 Available from New York State Department of Social Services, 40 North Pearl Street, Albany, NY 12243.

This guide is intended to help those people who want to establish "special care homes"; temporary shelters for battered and abused adults and children licensed by the New York Department of Social Services. The home provides a temporary place to live for families pending resolution of a crisis. Residential facilities serving clients with crisis needs who are not victims of domestic violence do not qualify as special care homes. A group that has formed for the purpose of providing shelter and services to victims of domestic violence will need to become an incorporated not–for–profit agency in order to achieve tax–exempt status, receive grants, enter into contractual agreements, and be licensed appropriately as a special care home operator. The guide explains the licensing procedure for new and existing organizations. Following a brief discussion of maintenance of special care homes, the guide delineates services for victims in special care homes. These include counseling services, child care and supervision, recreational and developmental services, information and referral services, legal services, and aftercare services. Security is considered a very important aspect of the home since the home's purpose is to provide a safe, secure living environment for domestic violence victims. Related regulatory requirements and examples of successful shelter programs are discussed. Sources of information and assistance for establishing a special care home are included. Pub. no. 1080.

179. Dubnoff, Ena; and Stokely, Laurie.
Los Angeles Community Design Center, CA.
Opening the Doors: Buildings for Community Care.
1980, 86p
SHR-0008004 Available from Los Angeles Community Design Center, 541 South Spring Street, Room 800, Los Angeles, CA 90013.

This handbook is designed to assist social service professionals, particularly those in California, in site selection and renovation for a community care facility. An overview of all steps necessary in preparing a building for licensure examines administration, program needs evaluation, and building selection and renovation. An explanation of the regulatory agencies that inspect for code and program compliance before a building can be used addresses licensing, planning, building, fire, and placement. The building program or development of the actual design is outlined, with attention to questions regarding how and by whom the building will be used. Determining the optimum environment, writing a building program, and comparing the program with actual space are reviewed. Site selection involves surveying neighborhoods and zoning requirements. Physical characteristics, such as topography and access, size, and the surrounding environment, are discussed. Obtaining site information and community acceptance are also important. Evaluating a building involves understanding code compliance. In California important codes include title 22 of the Administrative Code, local health and welfare codes, and local building, safety, and fire prevention codes. Additional requirements that apply to particular programs are also presented, including any program with 16 or more clients, large family homes, and foster family homes. Plans and specifications are reviewed according to preliminary plan checks and inspections, building permits, bidding, construction contracts and costs, and completion of the contract. Extensive appendices provide sample forms and information on measuring a building and making a floor plan. Basic spatial requirements and special zoning approvals are reviewed. A glossary and charts are included.

180. Dutton, Richard Wyse.
Alcohol Education for Youth, Inc., Albany, NY.
Catalyst II: A Workbook of Alcohol Education Resources.
1980, 88p
SHR-0008151 Available from Alcohol Education for Youth, Inc., 1500 Western Avenue, Albany, NY 12203.

Information and guidelines for use by churches, schools, and communities in developing collaborative alcohol education, prevention, and treatment programs are provided in a looseleaf workbook that emphasizes the perspective and role of the churches. The workbook is intended to combine in one volume contemporary material on alcohol facts, a list of resource agencies, a bibliography, program outlines, information on community strategies and helping skills, and guidelines for developing short–term or long–term alcohol education emphasis within the church, the school, and the community. It describes the nature and extent of alcohol abuse, alcohol's physical effects in the body, and the degree of alcohol use internationally. The guide focuses on the individual's fundamental needs, the valuing and decisionmaking processes, and the stages of development leading to responsible freedom. The family, communication skills, the importance of parental modeling, man's spiritual nature, and Biblical principles related to drinking are also discussed. A section on program strategies presents chapters detailing creative alternatives to alcohol use, strategies for education and prevention efforts with groups, representative programs currently operating, and basic skills for counseling and helping alcoholics and their families. Another section focuses on cooperative ventures, with chapters on working with the church or synagogue; ways to work with the schools, especially those in New York State; community agencies and potential ideas for community alcohol awareness projects; use of the mass media; and the process for influencing legislation. The final section lists private, State, and national organizations that are available as resources and presents a bibliography of over 100 books, booklets, pamphlets, periodicals, and films. Six pamphlets published by Alcohol Education for Youth, Inc., are also provided.

181. Dybdal, Louise.
Wisconsin Dept. of Health and Social Services, Madison. Human Services Developmental Section.
Human Services Development Series: Case Management in Selected Wisconsin Counties.
Sep 80, 83p
SHR-0008698 Available NTIS PC $10.50/MF $4.00

This document describes case management efforts as a tool for improving services delivery in 11 counties of Wisconsin, including Eau Claire, Taylor, Racine, Jefferson, Columbia, Brown, Chippewa, Wood, Washington, Douglas, and Outagamie. It is intended to be a guide / compendium for use by these and other counties as they consider adding or modifying their case management approaches. Three case management models are presented, involving these components: case assessment, service planning, referral and services requisition, and monitoring and information systems. Case management costs are also considered. The paper discusses such case management issues as the provision of direct services by case managers, the question by the agency, if case management should be provided to all clients, and if case managers should be specialists or generalists. The paper also considers the information systems needs of case management and what happens when multiple agencies providing case management serve the same client. The document suggests that counties follow certain process steps as they explore case management options: assessment, information gathering, design, cost / benefit analysis, implementation, and self–evaluation. Two sources of information on case management in Wisconsin are listed. Appendices present a composite of one–page summaries of the separate county case management efforts, a more detailed description of the more developed county case management systems, and a compilation of the case management forms mentioned in the document. (Author abstract modified).

182. Education Development Center, Newton, MA.
Vocational Counseling for Displaced Homemakers. A Manual.
1980, 34p
SHR-0007949 Available from Education Development Center, Second Look, 55 Chapel Street, Newton, MA 02160.

This manual highlights the requirements of the work world and what counselors can do to help displaced homemakers enter the job market successfully. The labor market is used as a lens to bring aspects of the counseling process into focus. Traditional elements of good practice have been combined with ideas, techniques, and examples drawn from the experiences of displaced homemaker programs throughout the country. They all emphasize approaches and activities that can make a significant difference to this target population. This manual can be used to learn about the special needs and characteristics of displaced homemakers, to obtain and interpret labor market information, and to develop a profile of the displaced homemaker's current status and future plans. It can also help the displaced homemaker develop skills through education and training, overcome problems through supportive services, and it can locate and develop jobs for displaced homemakers. Tabular material is provided. An appendix lists displaced homemaker programs. Bureau of Labor Statistics regional offices are listed, and labor market information is outlined. (Author abstract modified). Manual emphasizes helping

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displaced homemakers move from housework to paid work through vocational training.

183. Eisenberg, Pablo.
Center for Responsive Governance, Washington, DC.
Monitoring Government Programs as a Strategy of Citizen Participation.
23 Sep 80, 36p
SHR-0008792 Available from Center for Responsive Governance, Publications, 1100 17th Street NW, Suite 313, Washington, DC 20036.

Recent citizen monitoring activities and their results are discussed, and methods of financing such activities are addressed. Citizen monitoring involves the tracking and evaluating of government programs and the activities of private institutions. One of the earliest citizen monitoring efforts was the General Revenue Sharing Project initiated in 1973 by a small coalition of national organizations. The project focused attention on civil rights problems, public accountability, citizen involvement, and the allocation of funds to poor people. Similarly, the National People's Action, a network of community organizations, began to take a look at the role of banks and savings and loan institutions, as well as realtors, in the red lining practices in urban areas. Generally, such citizen efforts have found a lack of systematic program evaluation by local governments and Federal agencies, serious weaknesses in the capacity of local governments to plan and deliver effective public services, the importance of Federal requirements and enforcement practices, and the close correlation between research and data collection and productive action strategies. Citizen monitoring activities have received limited financing, although there are signs that some foundations are beginning to recognize the importance of monitoring and evaluation. Help from the Federal Government may have to come in the form of a new independent agency with the responsibility for financing the assessments of Federal program performance or through the creation of a new division for citizen monitoring within the General Accounting Office. Additional comments are appended. Monthly Seminar Series. Report no. MSS-80-09.

184. Empire State Coll., Albany, NY.
Training Resource Manual for Domestic Violence Prevention.
1981, 153p
SHR-0008741 Available from Marie Hankle, OHRD Materials Resource Center, New York State Department of Social Services, 488 Broadway, 4th Floor, Albany, NY 12207.

This manual is designed for use by local social service agency training staff in New York who want to develop inservice training programs in domestic violence prevention. The manual provides a guide to the Domestic Violence Prevention Curriculum. The curriculum is divided into eight units that correspond to the units in the Domestic Violence Prevention Handbook (DVPH). The first section, an overview of domestic violence as a social problem, provides an introduction to the nature and scope of domestic violence, including its history, social and psychological factors, and the role of the department of social services. The next unit explores common myths and attitudes toward domestic violence, discusses how these attitudes affect social services, and explores trainees' personal attitudes. A unit on the dynamics of domestic violence examines the social, psychological, and interpersonal factors that cause, precipitate, and maintain domestic violence; it also explores the questions of why men batter and why women stay with men who batter. In addition, the curriculum provides an extended first-person account of a battered woman that details her relationship with her husband, factors that kept her in the marriage, effects of the battering on her and her children, and the reasons why she finally decided to leave. A unit on crisis intervention describes the emotional and behavioral symptoms of a person undergoing a crisis and provides guidelines for crisis intervention. The training guide also explores techniques for identifying battered women, assessing their needs, and developing a plan of action; integrates material covered in previous units and provides guidelines for ongoing work with domestic violence victims and their families; and discusses the concepts, aims, and skills of service coordination (networking) and their importance for victims of domestic violence. Finally, the curriculum familiarizes trainees with services and procedures of local agencies in New York that serve victims of domestic violence. Forms for evaluating the program, as well as New York local department of social services procedures for domestic violence victims, legal information for battered women in New York State, and a selected bibliography of about 45 references are provided.

185. Enos, Sandra L.
Rhode Island State Dept. for Children and Their Families, Providence.
More People To Love You: Foster Parents Look at Foster Care.
Aug 81, 96p
SHR-0008588 Available from Department for Children and Their Families, Division of Budget and Management, 610 Mt. Pleasant Avenue, Providence, RI 02908.

This report presents results of a foster parent survey conducted in Rhode Island as part of phase III of the National Study of Selected Issues of Social Services to Children and Their Families. The survey questionnaire was mailed to a sample of 210 foster parents; 142 surveys were returned. Major findings from the survey are divided into six areas, explaining who foster parents are, how they feel about the agency's services, what they think about servicing children with special needs, why foster parents enter and leave foster care, whether they can be considered a viable resource for adopting special needs children, and whether foster children are treated differently. It was found that 80 percent of the foster families are white married couples with median incomes of about $15,000; they are between 36 and 60 years old. Foster parents received needed information from the agency on the child's medical history and a care plan only 50 percent of the time. The majority found the standard board rate of $40 for children under 12 and $49 for teenagers inadequate. About half reported that they would possibly accept mentally retarded or physically handicapped minority children or sibling groups, teenagers with serious emotional problems, or non-English speaking children. One fourth of the respondents intend to leave foster care for reasons such as the unexpectedly demanding needs of the foster child, interference with the well-being of their own families, and inadequacy of the payments. The survey should serve to spur reconsideration of the State's agency policies and practices on recruiting and keeping foster parents, training them, and involving them in case planning, adoption homefinding, and in other services to children. (Author abstract modified).

186. Fabricant, Michael.
Community Service Society of New York. Inst. for Social Welfare Research.
Juvenile Injustice: Dilemmas of the Family Court System.
Sep 81, 198p
SHR-0008949 Available from Community Service Society, Institute for Social Welfare Research, 105 East 22nd Street, New York, NY 10010, Attn: Family Court Study.

Findings and recommendations are presented from an evaluation of New York City's family court. The inquiry was addressed to the two largest courts in the city—Brooklyn and Bronx. Extensive, open-ended interviews were conducted with court personnel to obtain their views of court operations. In addition, the court experiences of a large number of youth were tracked systematically over 18 months. The tracking study included 500 youths brought to the family court on first-time delinquency and status offense charges. Data were also collected in court experiences resulting from subsequent charges brought during the 18–month period. A second aspect of the tracking study involved designated felony cases drawn from the two courts. The primary emphasis of the courts were found to be due process rights for the youth brought before the court and aggressive prosecution of youth accused of serious offenses. With these emphases on due process rights and the prosecution of youth accused of serious offenses, there has been an apparent decline in the court's concern for the general welfare of troubled youth. For youth other than the most serious offenders, the court offers little more than exposure to a process and a return to the streets. An argument can be made for renewed attention to services for troubled youth. Although services are expensive, the costs of nonintervention may be greater. While there is some disillusionment about the effectiveness of previous community services for troubled youth, based upon evaluative research, a vigorous search for effective intervention methods should be continued, particularly since the alternative of nonintervention promises nothing except the continued exposure of youth to deteriorating community social controls. Appended are a sociolegal analysis of juvenile justice reform in New York City and data on court personnel. Tabular data, a glossary, and 121 references are also provided.

187. Falcone, Angela R.
Michigan Office of Services to the Aging, Lansing.
Development of a Long-Term Care Information System.
31 Oct 79, 210p
SHR-0008940 Available from Colonial Press, (LTCIS), 420 East Saginaw, PO Box 17011, Lansing, MI 48901.

Four groups cooperated to develop and demonstrate a method for appropriate referral of individuals to long–term care services: the Michigan State government, a consumer advocacy group interested in improving the quality of long–term care services, the Office of Services to the Aging, and the Citizens for Better Care Institute. Previous attempts to solve the problems of inappropriate utilization and unmet need have been unsuccessful largely because they were approached in a piecemeal fashion. The element common to all of the long–term care issues is information about the individuals who need service. This project involved an assessment process to accurately describe individuals and their needs through a common terminology while incorporating the information needs of referring agencies, long–term care service providers, regulatory agencies, fiscal intermediates, and health planning agencies. The aim was to produce linkages among the agencies. A pilot study investigated the success of the Long–Term Care Information System (LTCIS). It revealed a high rate of improved outcomes for persons referred using LTCIS, a high percentage of desirable outcomes, and an overwhelming majority of clients receiving only the services the assessment process pointed out as needed. It is concluded that the LTCIS does contribute toward making appropriate referrals to long–term care. It is recommended that LTCIS be incorporated into the ongoing referral activities of acute care hospital discharge planning units, nursing homes, home health agencies, and community social service agencies. Tabular data and 10 references are given. Appendices contain a description of Human Services NETWORK, and extensive additional supporting material.

188. Federation for Community Planning, Cleveland, OH.
Cuyahoga County Health Project: An Agenda for the 1980s.
Dec 80, 124p
SHR-0008821 Available from Commission on Health Concerns, Federation for Community Planning, 1001 Huron Road, Cleveland, OH 44115.

Based on interviews with health care personnel and public officials, on studies of relevant material, and on the results of committee meetings, this report provides an overview of health care issues in the 1980's; a review of the Cuyahoga County, Ohio, health care system; and recommendations outlining future directions for the county health care system. It describes the use of county government funds allocated for health care and inventories the institutions and programs supported, the dollars spent, and the relative influence or significance of county government funds vis–a–vis other sources of funds for the same programs. The committee identified the following comprehensive issues that the county should address: coordination of county health care programs, identification of target populations, community participation, State lobbying, partnership role in cost containment strategy, appropriateness of involvement in health care, and coordination with private and other public sectors. Recommendations are given regarding each of these issues, as well as in the areas of preventive health care, primary care, acute care, and long–term care. Endnotes and footnotes, tables, a list of hospital patient services, and appendices presenting a description of this health care project, a summary of public testimony, and a list of resource materials are included.

189. Fiene, Richard.
Pennsylvania Dept. of Public Welfare, Harrisburg. Office of Children, Youth, and Families.
Measure of the Child Care Ecology: Day Care Program Compliance With State Regulations.
Sep 80, 9p
SHR-0008701 Available from Office of Children, Youth, and Families, Commonwealth of Pennsylvania, 1514 North 2nd Street, Harrisburg, PA 17102.

Methodology and findings are presented from Pennsylvania's Child Development Program Evaluation (CDPE) which examined 1,000 licensed child care centers' compliance with State regulations. The CDPE assessed compliance with State regulations in the areas of administration, environmental safety, child development program, nutrition, social services, transportation, and health services. Compliance data are analyzed in relation to the costs and sizes of the day care programs. The report period was from July 1978 to June 1980. At the beginning of the CDPE, analysis showed a little less than 85 percent compliance. By the last quarter of fiscal year 1978 to 1979, evaluations showed just below 90 percent compliance, and by the last quarter of fiscal year 1979 to 1980, compliance was well above 96 percent. In fiscal year 1979 to 1980, more detailed quarterly reports were begun where not only overall percent compliance was calculated, but a scoring protocol was instituted experimentally. Each item within the CDPE was assigned a weight based on relative risk to the children in the center. For the second and third quarters of fiscal year 1979 to 1980, the administrative, social services, and health components showed significant improvements, while the other component areas either remained static or changed positively only slightly. Graphic and tabular data are provided.

190. Fischgrund, Ellen Lavin.
Coping With Terminal Illness: A Case Study of Primary Caregivers in a Hospice Home Care Program.
Dec 80, 240p
SHR-0008533 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study examines the role of family members designated as primary caregivers and key elements in an alternative mode of health care: hospice home care. This exploratory study suggests some insights into this new and developing terminal care service and specific directions for future research. The exploratory issues that guided this investigation were (1) the choice to

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participate in hospice home care, (2) the participation of the primary caregiver, (3) the adaptation of the primary caregiver, (4) the utilization of services by the primary caregiver, (5) the place of death, and (6) the influence of individual differences. The investigation involved a self-selected sample of 14 primary caregivers served by the Boulder County Hospice, Inc., in Colorado. Data were gathered from secondary sources, direct observation, interviews with primary caregivers, and assessment contacts with staff. Data indicated that the physician provided information about the hospice home care program in most cases. Case summaries showed that individual primary caregivers were quite resourceful in meeting patients' needs without special instructions or reliance on staff, in the event that staff support was not accessible or desired by the primary caregiver. Adaptations by the primary caregivers included giving up special interests or hobbies. Major areas of need expressed by caregivers included continuing special hobbies, relief, relaxation, and venting anger. Role-related behaviors tended to influence the primary caregivers' perception of the patient. Finally, the data indicated that individuals' needs determined use of special services, especially in the area of emotional counseling The study offers some recommendations to the hospice home care agency involved and discusses issues affecting hospice home care processes, including family functioning, the medical delivery system, and the philosophy of hospice care. Tables and a bibliography of about 70 references are provided. Data tables and study instruments are appended. (Author abstract modified). Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Case Western Reserve University, 1980.

191. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Evaluation of Florida's School Health Program.
15 Sep 80, 141p
SHR-0008500 Available from Department of Health and Rehabilitative Services, Office of Evaluation, Room 420C, Bldg. 1, 1323 Winewood Blvd., Tallahassee, FL 32301.

This evaluation of Florida's school health program includes background material, the results of a statewide survey of county health units, and the survey results integrated with information from secondary sources. The analysis includes a description of 1978 to 1979 scope and level of services; intercounty comparisons of 1978 to 1979 scope and level of school health services (by county size); comparison of 1978 to 1979 scope and level of the school health program (SHP) with the School Health Services Act of 1974; the Comprehensive Education Act of 1973; and the PREP Act of 1979. The county served as the basic unit of analysis. In addition, site visits were made to Orange, Osceola, Hillsborough, Palm Beach, Seminole, Leon, Jefferson, and Dade Counties. The report documents that throughout this century and into the last, despite the number of statutes passed, Florida's school health program has been poorly funded. Moreover, while all counties have school health programs, the level of service varies significantly depending on the school district or county involved. Service delivery is not uniform throughout the State. The survey results for 1978 to 1979 show that some aspects of the program, such as hearing and vision screening, are being carried out fairly well. However, other areas, such as tuberculosis screening procedures, dental health programs, and nutritional assessments, are deficient. Florida's six largest counties have no active routine tuberculosis screening policy. The report recommends overcoming the problems of coordinating and documenting service delivery by developing a statewide program structure and clearly articulating school health program responsibilities through rule promulgation as well as through development and distribution of policy and procedure manuals. Maps, tables, footnotes, and appendices giving the survey and county-by-county displays of data are included. (Author abstract modified). Report E-80-9.

192. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Evaluation of Multidisciplinary Child Abuse Teams. Part I.
9 Dec 80, 70p
SHR-0008504 Available from Department of Health and Rehabilitative Services, Office of Evaluation, Room 420C, Bldg. 1, 1323 Winewood Blvd., Tallahassee, FL 32301.

This evaluation describes Florida's Children's Medical Services (CMS) Multidisciplinary Child Abuse Crisis Program, determines whether the teams are meeting mandated program objectives, and identifies the effect of team intervention in abuse and neglect cases. The program is a resource to various departments in the investigation and treatment of cases of child abuse and neglect. Integral to the program is a concept of shared accountability among various individuals for case decisionmaking, case planning, services implementation, and treatment coordination. The teams are also charged with providing specific services upon request, such as medical diagnosis and evaluation, medical treatment, and community awareness consultation. The evaluation found that referrals to the teams represent an average 6.9 percent of the total children involved in abuse and neglect reports to the Florida Abuse Registry from the five project districts; medical sources provide 33 percent of all referrals to the teams; and abuse comprises 69 percent of all referral reasons, with the remainder for neglect–related reasons. On a process level, each team appears to have fully implemented the basic program components. The evaluation recommends that corrective action plans be developed in districts where team consultation services have not been widely used beyond normal working hours and that districts with a missing information rate of over 3 percent develop procedures to ensure greater accuracy in the completion of their client data and consultation records. Tables, footnotes, and a 25–item bibliography are provided. Appendices list operational objectives, team goals, data, and forms. (Author abstract modified). Report E-80-18.

193. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Evaluation of the Case Assignment and Management System (CAMS).
2 Sep 80, 99p
SHR-0008498 Available from Florida Department of Health and Rehabilitative Services, Office of the Inspector General, Office of Evaluation, 1317 Winewood Blvd., Tallahassee, FL 32301.

This evaluation describes the implementation of the Case Assignment and Management System (CAMS)—part of the Department of Health and Rehabilitative Services in the State of Florida—in the districts allocated CAMS counselor positions and the clients served by CAMS in these districts. CAMS addresses the problems of identification and coordination of services that some clients encounter when they have complex service needs and may be receiving services from multiple programs. The evaluation compares the operation, utilization, and impact of CAMS in the districts served by CAMS with the processes for serving complex multiproblem clients in districts without CAMS counselor positions and offers recommendations for the future development and operation of CAMS. Data collection included two surveys and a review of CAMS case files. The results of the evaluation indicate that, in the districts allocated CAMS counselor positions, CAMS was generally implemented in compliance with the CAMS manual. The majority of CAMS clients in these districts are under 18 and have major problems of emotional disturbances, delinquency, status offenses, and employment and educational difficulties. Improvement in major prob-

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lems of clients was reported in 58 percent of the cases after 6 months. Benefits experienced by districts with CAMS counselors include more efficiency / effectiveness ratings and higher success rates in improving major problems and resolving referral problems. However, the evaluation concludes that the benefits associated with using CAMS counselors instead of existing positions may not be sufficiently great to justify costs in terms of deleting existing positions. Moreover, the existence of CAMS counselor positions does not sufficiently address a primary problem associated with CAMS referrals—the lack of resources. Study instruments are appended. (Author abstract modified). Report E-10-80.

194. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Final Report of Evaluation of Mental Health Deinstitutionalization Pilot Projects.
31 Dec 80, 48p
SHR-0008503 Available from Department of Health and Rehabilitative Services, Office of Evaluation, Room 420C, Bldg. 1, 1323 Winewood Blvd., Tallahassee, FL 32301.

This report presents the results of an effort by the Florida Department of Health and Rehabilitative Services (HRS) Office of Evaluation to assess the first year's operation of four pilot mental health deinstitutionalization projects. The report describes clients and the services they receive, provides a comparison of direct costs associated with project participation and State hospital care, and assesses the recidivism of project clients to community inpatient State hospital care. Concerning characteristics of clients served by the projects, the evaluation found that 80 to 90 percent of the clients had previously been admitted to a State hospital. Most are young and over half are single. Overall, it is clear that the projects are serving the intended client group—individuals who have previously experienced repeated or extended psychiatric care, and whose personal and social histories indicate they are deficient in many skills necessary for independent living and social participation. The client data indicate that appropriate services are provided in terms of residential placement, occupational training, and social / recreational activities and counseling. Basic daily residential costs are generally less than State hospital costs. When community services are added to these, the per–client cost is still less at two projects, but equal to or more than State hospital costs at the other two. The evaluation also found that State hospital utilization is down in project counties. In particular, readmissions for the project client group is down, as is local inpatient recidivism. Thus, project participation is associated with a reduction in the amount of time spent in either State hospital or community inpatient care. A total of 15 tables and 5 references are provided. (Author abstract modified). Report E-80-20.

195. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Florida's Community Care for the Elderly Program. Evaluation Report (Phase I).
26 Nov 80, 74p
SHR-0008501 Available from Department of Health and Rehabilitative Services, Office of Evaluation, Room 420C, Bldg. 1, 1323 Winewood Blvd., Tallahassee, FL 32301.

This evaluation examines how efficiently the program mandated by Florida's Community Care for the Elderly (CCE) Act is being administered, if the program reaches its primary target group, the impact the program has on its clients, and the extent to which the program prevents or delays client entrance into higher cost programs such as nursing home care. The intent of CCE is to assist functionally impaired elderly persons in living dignified and reasonably independent lives in their own homes or in the homes of relatives or caregivers. This first phase of the evaluation was initiated after statewide implementation of CCE in January 1980. The evaluation found that implementation of CCE has occurred smoothly. On January 1, 1980, six agencies serving five counties were the sole CCE service providers in Florida. As of June 30, 1980, 43 agencies were providing services in 44 of Florida's 67 counties. During the first 6 months of 1980, CCE projects reported serving 5,897 persons. CCE programs are serving persons whose functioning is typical for persons eligible for participating in more restrictive forms of care. It is estimated that 78 percent of the CCE caseload would be financially and functionally eligible for medicaid nursing home care. The typical client currently being served by CCE is a white female in her 70's. Approximately 95 percent of clients surveyed may be considered functionally impaired, with 16 percent being severely or totally impaired. The cost of maintaining a CCE client in the community is estimated to be between $232 and $261 per client month, which is considerably lower than the monthly costs associated with nursing home care. However, the actual impact of CCE services on medicaid expenditures for nursing home care is not documentable, since some of those eligible would enter nursing homes, but many would not, even if CCE were not available. Moreover, nursing home occupancy rates in Florida generally exceed 90 percent, with 1 year waiting periods being not uncommon. The evaluation recommends that increased funds be secured to fund services in areas not currently covered by CCE, with priority being placed on provision of services in Volusia, Charlotte, Collier, and Highlands Counties, which have substantial numbers of elderly. Tables, maps graphs, footnotes, and a 6–item bibliography are included. Appendices contain a client assessment form, CCE core services definitions, criteria for determination of level of care required, and data tables. (Author abstract modified). Report E-80-14.

196. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Maternal and Infant Health Services Assessment.
13 Jul 81, 125p
SHR-0008492 Available from Florida Department of Health and Rehabilitative Services, Office of the Inspector General, Office of Evaluation, 1317 Winewood Blvd., Tallahassee, FL 32301.

This assessment addresses three major issues related to the overall provision of maternal and infant health (MIH) services in Florida. The primary data base was a comprehensive survey of county health units (CHU's) dealing with both service availability and other selected issues. The first of the three major issues concerns the extent to which a basic core of MIH services are provided through the public health system in each of Florida's counties without title V Maternal Infant Care (MIC) projects. Those 17 with MIC projects offer the core services. Many other CHU's offer fairly comprehensive programs. However, there is considerable nonuniformity between CHU's in the scope of their MIH services. The assessment found that 26 of 50 counties without title V MIC projects provided the entire scope of basic level 1 services as defined in the health program office's core program. The second issue examined the impact on outcomes by level of service availability. Summary and comparative analyses on Florida data indicate somewhat lower mortality rates for counties providing at least basic level 1 services as compared to counties with less than basic programs. The third issue addressed was the identification of special problems / issues relating to MIH care in Florida. Of the 50 counties in Florida that do not have MIC programs, only 16 report having systematic outreach programs. In addition, there is a lack of standardization of procedures for determining eligibility for maternal health services among CHU's. Factors used by CHU's to diagnose a patient as high–risk and to determine eligibility need to be made more uniform. The study suggests further development of special programs for pregnant adolescents, support for the certified nurse midwifery programs where other options are limited, and expansion of medicaid–funded care to intact families. Tables, figures, an 18–item bibliography, and footnotes are provided. The MIH services survey, a budget request, and other data are appended. (Author abstract modified). Report E-6-81.

197. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Planning Coordination Unit.
Measurements of Program Performance and Management.
Dec 80, 84p
SHR-0007260 Available NTIS PC $10.50/MF $4.00

This report provides an overview and assessment of the performance during fiscal year 1979 to 1980 of Florida's youth services programs, including secure and nonsecure detention, community control and furlough services, and commitment programs. Official data compiled by the State's Youth Services Program Office or by local agencies were used as the basis for the report. For each program, information provided includes a program description, list of program locations, population profile, movement / management information, effectiveness measures and results for program processes, and costs. Findings indicated that youth services programs performed reasonably well when viewed as a system. Overall utilization rates for community–based commitment programs were good. The secure detention program experienced some overutilization during the year, but the figures were lower than those for previous years. The attention home component of the nonsecure detention program experienced great difficulty in contracting allocated beds and keeping them occupied. Youths also remained on community control caseloads for an average of 2.3 months longer than the 6–month standard and on furlough 2.5 months longer than the standard. The racial distributions within some commitment programs were not consistent with racial proportions of the overall commitment population. Training school populations were reduced during the year in part because of increased use of community–based programs and a slight decrease in the length of stay. A high percentage of children from commitment programs received honorable terminations from subsequent furlough supervision. Transfer rates from youth services commitment programs to more restrictive programs showed substantial improvement over previous years as a result of policy guidelines and monitoring by district and State personnel. Footnotes and extensive tabular data are provided. (Author abstract modified).

198. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Nursing Home Evaluative Study.
27 Mar 81, 200p
SHR-0008505 Available from Department of Health and Rehabilitative Services, Office of Evaluation, Room 420C, Bldg. 1, 1323 Winewood Blvd., Tallahassee, FL 32301.

This five–part study of nursing homes in Florida addresses the characteristics of nursing home clients, how nursing home clients differ from those served in the community, the efficiency of licensure and other nursing home monitoring activities, and the characteristics of nursing homes and how these characteristics relate to quality. Data sources used in the evaluation include a survey of field staff from the Florida Department of Health and Rehabilitative Services (HRS), a survey of nursing home administrators, a large sample of client medicaid review forms, and administration of client assessments to matched samples of elderly returning to the community and those entering nursing homes after being hospital patients. Most of the study data were collected during 1978. The study found that a large majority of nursing home administrators rated HRS' system of monitoring nursing home care as adequate or better and described HRS staff as generally qualified and cooperative. Both HRS staff and home administrators felt that the development of a more systematic means of determining patient level of care and a different reimbursement methodology could also enhance efficiency substantially. The median age of medicaid sample clients was 83 and the median age they entered a home was 80. Most had more than two major health problems, often including stroke, chronic brain syndrome, or arteriosclerosis / hypertension. Rehabilitation activities and other planned activities were minimal and over half the clients were receiving five or more drugs, often including behavior–affecting medications. The study found that, generally, placement in a nursing home following release from a hospital was determined on the basis of impairment in patients' ability to handle daily activities. Overall, workers reported Florida's nursing homes as giving adequate care. Other findings and recommendations are provided. Footnotes, graphs, tables, and related appended materials are provided. (Author abstract modified). Report E-80-8.

199. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Spouse Abuse Program Evaluation.
24 Nov 80, 88p
SHR-0008499 Available from Department of Health and Rehabilitative Services, Office of the Inspector General, Office of Evaluation, 1317 Winewood Blvd., Tallahassee, FL 32301.

This report provides a descriptive study of the 15 State–funded Florida spouse abuse centers. The evaluation covers fiscal year 1979 to 1980 and involved collecting client data forms on a monthly basis and interviewing each of the 15 shelter directors. The report discusses the incidence of spouse abuse in Florida and the number of persons treated or assisted in local programs. It also evaluates the effectiveness of the programs. Some of the major findings are that the most effective aspects of the program are counseling services, the shelter itself, and community support. A major problem is the current level of funding, which prevents program expansion. The total number of women and children served in the year was 4,544. The shelters provided services for clients from 53 of Florida's 67 counties. The average client is an unemployed 30–year–old white female who is eligible for title XX program benefits and has entered the shelter for the first time after repeated beatings. She has high success in meeting her treatment goals as she defines them and chooses to live with relatives or independently after leaving, rather than return to her spouse. Nationally and in Florida, alcohol is a contributing factor to spouse abuse. Findings from the Florida study indicate that the three main causes of abuse are money / finances, abuser's jealousy, and client's behavior / attitude. Some recommendations concern funding; added program components for the abusers and children; improved data collection, tracking, and followup procedures; and a study of incidence in Florida. A major recommendation is made to move the program from the office of aging and adult services to the office of children, youth, and families. Tables, a bibliography of over 15 references, and appended forms are provided. (Author abstract modified). Report E-80-16.

200. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Planning Coordination Unit.
Updated Preliminary Evaluation Report of Resource Reallocation.
15 Nov 80, 100p
SHR-0007262 Available NTIS PC $10.50/MF $4.00

This report describes and evaluates a Florida project to divert offenders from unnecessary penetration into the juvenile justice system by shifting resources to levels of programming more commensurate with a delinquent's presumed degree of risk. The program was funded

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to begin on October 1, 1979, in three districts of the State. Funds provided from the transfer of a training school to the Department of Corrections were distributed to such services as an increased intake staff, a network of diversion programs, and probation work programs. The program was intended to achieve a sequential reduction in community control caseloads, commitments, and training school population. The increased intake staff was expected to improve the quality of services provided. However, from April through July 1980 in two of the districts, the majority of intake recommendations to the State attorney were below established quality standards. The quality of recommendations in the other district has improved only slightly since the program's inception. The rate of court–imposed sanctions decreased in all three districts, although the pattern was not uniform among the districts. The number of referrals to the Juvenile Alternative Services Project was 42 percent below the projection; this low utilization may inhibit subsequent anticipated paths of change and the achievement of the ultimate goal. In one district a majority of the youths referred to the alternative services project were inappropriate referrals that could have been more efficiently and effectively sanctioned by their parents or intake. The 8 months of the program's operation is not enough time to determine whether the program will succeed in achieving its ultimate goal. However, the results in two of the districts provide support for the underlying theory of resource reallocation. Figures, tables, and appended tabular data and charts are provided. (Author abstract modified).

201. Flynn, Nona M.
Midwest Regional Resource Center, Des Moines, IA.
Parent-School Partnership: An Analysis of the State-of-the-Art of Service Delivery and Technical Assistance Activities Provided to SEAs and LEAs Under P.L. 94-142. Resource Report No. 2.
Feb 80, 19p
SHR-0008522 Available NTIS PC $6.00/MF $4.00

To assist in the development of a functional parent–educator relationship, this report identifies and analyzes issues regarding the parent–school partnership and recommends solutions. With the passage of Public Law 94–142, the Education for All Handicapped Children Act of 1975, the parent has been given the opportunity to ensure the best interest of a handicapped child by assuming a place beside the educator as an equal partner in the educational process. State regional resource centers (RRC's), demonstration projects, and national services agencies were contacted to identify current activities and the need for future activities related to enhancing parent involvement. The current activities are in training, information / product dissemination, and technical assistance / consultation. Parents and educators expressed concern over their lack of preparation for their new role as equal partners in the educational planning process, their lack of conviction that the benefits of parental involvement are equal to the efforts expended, and other issues. Two directions or solutions are proposed: a coordinated comprehensive awareness information / campaign regarding the parent–school partnership and a partnership training approach at the State and local level. The potential role of a State RRC as a resource for an awareness campaign as well as a training effort is evident. The centers could provide a blueprint for a multiagency campaign. Overall, although Public Law 94-142 assigned new roles and relationships to parents and educators, few have successfully implemented a functional parent–school partnership. About 30 references and a resource list are supplied.

202. Friedmann, John.
Urban Communes, Self-Management, and the Reconstruction of the Local State.
Jul 80, 43p
SHR-0008787 Available from University of California, Graduate School of Architecture and Urban Planning, 405 Hilgard Avenue, Los Angeles, CA 90024.

This paper examines the reasons behind the rise of citizen movements in the United States from a historical perspective. The rise of citizen movements can be traced to a crisis of central authority which, in practice, is experienced as a vacuum of power to deal effectively with everyday human problems as they arise in local settings. One condition contributing to the crisis of central authority is the transition of the national State to its transnational form that has led to the inability of the State to handle local problems given the global character of the economy. The second contribution to the crisis involves the principles of the capitalist economy that is obliged to further accumulation at the expense of mounting social costs. The paper notes the major elements of the communal tradition throughout history. It suggests that this tradition ended with the founding of the United States as a Federal union, in which market forces would dominate both national institutions and lower order political communities. To reconstruct the local State on a popular basis, the United States needs new political associations that will make such reconstruction and the advocacy of collective needs the core of their political program. A parallel struggle must be waged by labor to expand political democracy in the workplace. Footnotes and about 40 references are supplied.

203. Gartner, Alan.
Fund Raising for Self-Help Mutual Aid Groups.
1981, 15p
SHR-0008019 Available from National Self-Help Clearinghouse, 33 West 42nd Street, Room 1206A, New York, NY 10036.

This guide addresses the relatively small fundraising needs of self-help mutual organizations by outlining a planning process, identifying sources of funds, and suggesting ways to approach these funding organizations. A prerequisite to any fundraising effort is an analysis of a group's purposes and membership in order to assess what needs can be met by its members and which must be met by outside funds. A method of locating potential sources of support is presented that uses a list of resource needs and group characteristics to form two axes of a grid, with the third dimension being the resource target of opportunity. Types of aid that can be expected from the following groups are detailed: local organizations, formal human service agencies in the community, private foundations, and Government grant–giving agencies. Donated items and fundraising activities such as raffles and street fairs are mentioned, but the guide focuses on factors that are important in soliciting funds from organizations. A personal approach to a local funding organization is recommended, and ways to assure prospective donors that their money will be handled responsibly are described. Also considered are tax exempt status and community leaders as administrators of any funds. Sources of information on foundations are listed, as are Federal agencies that are possible funding sources. Factors that foundations and the Government consider when awarding grants are examined. Information on the National Self–Help Clearinghouse and its publications is appended.

204. General Accounting Office, Washington, DC. General Government Div.
Proposed Changes in Federal Matching and Maintenance of Effort Requirements for State and Local Governments.
23 Dec 80, 113p
PB81-138224 Available NTIS PC $12.00/MF $4.00

The impacts of Federal matching and maintenance of effort requirements on State and local governments is examined. Specifically, this General Accounting Office (GAO) report explores the appropriateness of these requirements as a tool for attaining Federal policy objectives and recommends legislative changes that can better achieve Federal objectives and minimize distortions of State and local policy. Federal matching and maintenance of effort re-

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quirements do not often effectively promote the Federal interest of enhancing the fiscal and management commitments of State and local governments to Federal programs. While more stringent Federal requirements would promote these Federal fiscal and managerial objectives, they would screen out needy grantees from participating in the program, thus jeopardizing the ability of the intergovernmental grant system to provide services of national interest on a nationwide basis. Also, by encumbering State and local funds in a growing number of federally–funded areas, the requirements induce distortion of State and local budget priorities and may promote fiscal stress as well. GAO recommends that matching requirements be strengthened but used more sparingly and only where a clearly defined Federal interest does not conflict with the broader purposes of Federal programs themselves. Maintenance–of–effort requirements serve a primary Federal interest but should be changed to prevent fiscal substitution while not penalizing bona fide State and local spending reductions. Detailed data on items discussed in the report and some official responses to the report are appended. (NTIS abstract modified). Report to the Congress.

205. George Washington Univ., Washington, DC. Regional Rehabilitation Research Inst. on Attitudinal, Legal, and Leisure Barriers.
Focus on Research: Recreation for Disabled Individuals.
Apr 80, 160p
SHR-0008146 Available from National Rehabilitation Information Center, Catholic University, 4407 8th Street NE, Washington, DC 20017.

This report contains the proceedings of a 1979 conference organized by the Regional Rehabilitation Research Institute on Attitudinal, Legal, and Leisure Barriers of George Washington University (District of Columbia) to assess research needs pertaining to recreation for disabled persons. The introduction provides a common frame of reference by examining relationships between rehabilitation and recreation services for the disabled, summarizing relevant legislation, identifying recurring issues in recreation services for the disabled population, and reviewing research trends. The conference focused on five research issues: disabled consumer involvement in program planning and development; attitudes and behavior as they relate to recreation disability, and rehabilitation; treatment implications of recreation activities; education and training programs for persons involved in recreation programs that have disabled clients; and accessibility. A speaker and a panel addressed each topic and then small groups structured to reflect a cross section of conference participants discussed research priorities. Using group reports and a survey mailed to participants after the meeting, the Institute ranked research items according to importance. These lists are included for each of the five conference topics. Finally, the report outlines ways in which the conference staff selected the meeting site to ensure equal accessibility and services for disabled participants. A list of persons who attended the conference is appended.

206. Gerhard, Ronald J.; Dorgan, Richard E.; and Miles, Donald G.
Responsive Systems Associates, Inc., Clinton, OK.
Balanced Service System: A Model of Personal and Social Integration.
1981, 215p
SHR-0008810 Available from Responsive Systems Associates, Inc., PO Box 846, Clinton, OK 73601.

The text describes the goals, structure, and performance of the Balanced Service System, a specific model for the delivery of mental health services. The system has three major applications: (1) as a general frame of reference that organizes ideas and integrates concepts from a variety of fields, (2) as an action plan built on human values for operating a service system, and (3) as an evaluative and accountability tool for measuring performance and assessing the quality of an operating system. The text also addresses administration of the system, citizen participation, research and evaluation, staff development, and staffing patterns. The Balanced Service System is designed to effect change through four strategies: reevaluation of assumptions concerning clients and service delivery methods; delineation of activities that must be carried out to achieve system goals; use of a service classification system that differentiates characteristics related to service, population, and environments; and establishment of a framework outlining a full range of service options that are organized to facilitate the most effective use of resources. The system is advantageous because it incorporates most of the documented research knowledge in the field of mental health today, it encourages the addition of new knowledge into the model, it requires a service emphasis on the most needy individuals, and it applies to all age and disability groups served by the mental health system. Chapter references, charts, tables, illustrations, and a simulation model output are provided.

207. Gilbertson, Alan D.
Wisconsin Univ.-Stout, Menomonie. Materials Development Center.
Developing the Rehabilitation Facility: Personnel Manual.
Mar 81, 65p
SHR-0008696 Available from Materials Development Center, University of Wisconsin-Stout, Menomonie, WI 54751.

Guidance is provided to rehabilitation facilities in developing or improving the facility personnel manual, including examples from the personnel manuals of some rehabilitation facilities. The introductory section indicates that the personnel manual should be designed as the fundamental communication tool to help clarify personnel policies and practices, so as to avoid personnel grievances and morale problems. The manual can also be used for training new employees. Sections following the introduction discuss developing personnel policies; recruitment, screening, hiring, and orientation; hours of work, attendance, and absenteeism; wage and salary administration; seniority, promotions, transfers, and layoffs; employee fringe benefits; disciplinary and grievance policies; termination of employment; and miscellaneous policy statements. Each section contains a brief narrative or overview of its topic, along with examples of how some rehabilitation facility personnel manuals have dealt with the subject. A checklist at the end of the publication is intended for use by each facility to determine which of the policy statements discussed should be developed and used in its own personnel manual. Ten references are listed.

208. Gilbertson, Alan D.
Wisconsin Univ.-Stout, Menomonie. Materials Development Center.
Public Relations for Rehabilitation Facilities.
Mar 81, 33p
SHR-0008695 Available from Materials Development Center, University of Wisconsin-Stout, Menomonie, WI 54751.

The need and planning for a public relations program for a rehabilitation workshop are discussed, along with approaches to specific target groups in such public relations efforts. Public relations activities are indicated to be important for rehabilitation workshops that are usually private and nonprofit for the purposes of fundraising, contract procurement, and informing the public about the nature and effectiveness of workshop services. The discussion of planning for the public relations program considers administrative involvement, determining program directions, selection of the public relations director, staff involvement, reviewing the past, evaluating the results, and identifying the audience. The management of the facility is indicated to carry the authority and responsibility for the public relations programming, with everyone involved with the facility having some duty to implement the public relations programs and messages. The general groups targeted for public relations efforts are client groups, including parents and guardians, referral agencies, ancillary agencies, and advocacy groups; business groups, including subcontractors, service contractors, employers, and employers providing job site evaluation or on-the-job training; and community groups, including members or donors, foundations, news media, influential groups, the general public, and volunteers. Twenty-two references are listed.

209. Glick, Barry.
Monroe County Dept. of Social Services, Rochester, NY.
Foster Care and Adoption in Monroe County: The Report of the Title XX Task Force on Foster Care and Adoption.
Apr 81, 29p
SHR-0008788 Available from County of Monroe, Dept. of Social Services, 111 Westfall Road, Rochester, NY 14620.

This report of a title XX task force in Monroe County, N.Y., begins with definitions of both foster care and adoption. Then, several issues pertinent to the topic of foster care and adoption are delineated and discussed. Each issue is presented in terms of a goal statement, a brief data summary, and recommendations. A concluding chapter summarizes the recommendations, grouping them as procedural and structural changes in the county's existing systems and services, training needs, preventive services, use of community resources, legislative changes, and data collection. The recommendations reflect two approaches: one differentiated among client populations (adolescents, minorities, etc.) and looked at ways to make foster care and adoption more valuable resources to these groups; the other viewed foster care as a preventive service in that clients who are placed more appropriately and services that are delivered more efficiently would result in shorter-term placements and fewer numbers being placed, with those placed being in the least restrictive environments for their needs. Specific recommendations include training on several levels, better linkages between the county's Department of Social Services and other agencies (Youth Bureau, United Way, etc.), establishment of a Family and Children's Services Coordinator position, and constant attention to supervision and monitoring of children in care so that aggregate case data can be generated and analyses performed and utilized to evaluate programs and services on an ongoing basis. Fourteen data sources for the report are listed.

210. Glickman, Lillian Labecki.
Foster Parenting: An Investigation of Role Ambiguity.
Jul 80, 349p
SHR-0008527 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study examines foster parent role ambiguity and its implications for policy. It provides a historical perspective on the policy of foster family care and the evolution of the foster parent role. Current policy is analyzed in terms both of strengths and weaknesses, and the major factors relating and contributing to role ambiguity are identified. The research design examines the interaction of three factors related to the foster parent role: role perception, demographics and experience, and difficulties in role performance. The Foster Parent Questionnaire was administered to 313 foster parents participating in a training program in Massachusetts during 1979, and the Foster Parent and Social Worker Interview Schedules were administered to a sample of foster parents in training and to their social workers. Results indicate that foster parents disagreed among themselves on their role perception, that demographic variables contribute little to understanding these differences, that foster parents do not have a clear understanding of their role, and that frequent social worker contact with parents is important in establishing a positive relationship between the two. Moreover, foster parents and social workers had different perceptions of the foster parent role, and these differences can militate against a coordinated approach to foster care. Implications of the research and recommendations are presented, as are case vignettes. The questionnaire, the interview schedules, and about 100 references are appended. Tables are included. Submitted in partial fulfillment of the requirements of the degree of Doctor of Philosophy to Brandeis University, 1980.

211. Goldman, Gerald; Cuneo, John; Aber, J. Lawrence; and Peacock, Carol.
Massachusetts Office for Children, Boston.
Hello Walls: A Handbook for Citizen Review of Children's Residential Facilities.
1 Oct 80, 306p
SHR-0008811 Available from The Commonwealth of Massachusetts, Office for Children, 120 Boylston Street, Boston, MA 02116.

This handbook is intended to help agencies and community groups who would like to involve citizens in the review of children's institutions. It states that the faults in children's services stem not from callous or disinterested personnel, but from the traditional societal isolation of institutionalized children. The misconception that institutionalized children are less sensitive to their environment because of what they have done or the way they were born acts as a rationale for continued isolation and is a source for continued inadequate services. Institutional Review Committees (IRC's) bring citizens inside the walls of formerly isolated institutions. Such committees have a dual purpose—to improve services and policies of children's institutions and to alter public perceptions by penetrating institutional walls and describing what is inside. The manual addresses the preparation of citizens for institutional review and the creation of a questionnaire / instrument for on-site reviews that will be effective and adjustable to different kinds of institutions. Citizen training for institutional review is discussed in terms of background, instrument familiarity, research skills, teamwork, and empowerment. The formulation of recommendations and organizational analysis for more effective advocacy is also addressed. Appendices include member application forms, abuse reporting methods, organizational analysis of Massachusetts agencies serving children, IRC training, guidelines for differentiating between total and community residence institutions, and the instrument / questionnaire.

212. Grabow, Eugene Claire.
Pennsylvania State Univ., University Park. Coll. of Human Development.
Interorganizational Relationships in Locally-Initiated Human Services Integration Projects.
Aug 80, 267p
SHR-0008427 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This thesis investigated locally initiated service integration projects in five Pennsylvania counties and identified organizational constraints on their development and progress. A review of the literature on organizational analysis focuses on the task environment concept and the political economy perspective. Data for this study were collected from interviews conducted in 1977 with directors of the 5 service integration organizations (SIO's) charged with overseeing the integration process, and 19 agency directors. Questionnaires were also completed by 136 human services agency heads with whom the administrators claimed interorganizational relationships. These 136 organizations that represented a broad array of education, law enforcement, housing, health, and social services were classified as follows: Type I agencies, dependent on county commissioners for authority and fiscal resources; Type II agencies, fiscally dependent on county commissioners but independently governed; and Type III agencies, both administratively and fiscally independent. Analysis of the case history profiles showed that the integration projects were started by the county commissioners because of dissatisfaction with current delivery systems. Most agency heads, however, showed no awareness that the SIO staffs were to be the coordinating and integrating agents in the network system. The agencies used three tactics of resistance to the SIO's—preventing, blunting, and repelling. Conflict among Type I agencies was widespread, and these organizations mounted the most intense opposition to the SIO. Data indicated that the ability of the SIO to play an influential role was dependent on the actual support it received from the county commissioners. Over half the Type I agencies felt that the SIO's did not understand their delivery problems, were not qualified to do integration work, and had no control over their operations. Implications of the study's findings for practice are discussed. Tables, references, and the survey questionnaires are included. (Author abstract modified). Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the Pennsylvania State Univ., Graduate School, 1980.

213. Grimaldi, Paul L.; and Sullivan, Toni J.
American Health Care Association, Washington, DC.
Broadening Federal Coverage of Noninstitutional Long Term Care.
1981, 46p
SHR-0008770 Available from American Health Care Association, National Foundation for Long Term Health Care, 1200 15th Street NW, Washington, DC 20005.

Various aspects of major public programs that provide long-term care to eligible persons are addressed, and the potential cost effectiveness of expanding Federal coverage of noninstitutional services is examined. A continuum of care based on matching services with needs is discussed, with the continuum defined as a network of coordinated and integrated programs for which dependency levels, medical conditions, functional abilities, and patient preferences are the crucial determinants of the services received. Eligibility criteria for and services covered by medicare, medicaid, and title XX are reviewed. Nursing home care and home health services are shown to account for most of the spending, having increased enormously since 1970. Also analyzed is the cost effectiveness of adult day care centers, homemaker services, home health care, and other services frequently perceived as noninstitutional alternatives to nursing home care. Estimates of the cost of modifying the existing scope of reimbursable services are presented. It is indicated that significantly broadening Federal coverage of alternative long-term care services will not reduce net costs, because the savings realized from treating currently misplaced nursing home residents in the community will be overpowered by the net cost of serving persons who replace those discharged, plus the costs of providing services to newly eligible persons. The pivotal question, therefore, is whether society wishes to transfer additional resources to elderly and disabled persons. Tabular and graphic data and extensive footnotes are provided. (Author abstract modified).

214. Grosser, Rene C.
Colorado Div. of Mental Health, Denver.
Model To Estimate Population in Need of Mental Health Services by Catchment Area.
1981, 17p
SHR-0008012 Available from Colorado Division of Mental Health, 3520 West Oxford Avenue, Denver, CO 80236.

A mental health needs assessment model based on social indicators is used to estimate the number of moderately and severely mentally disabled persons residing in each of the 20 catchment areas in Colorado. Population data from a sophisticated, annually updated demographic-economic population projection model for the State were used and age-adjusted prevalence rates were developed. The prevalence rates for moderate and severe psychiatric disability by age groups were multiplied by catchment area population estimates by age groups to produce prevalence estimates. This resulted in an overall target group prevalence rate of 7.5 percent. These base estimates may then be modified by social indicators. Social indicators chosen for this needs assessment model were selected according to their validity, comparability, variability, and recentness; they are percent of population in poverty, unemployment rate, percent of ethnic minorities, suicide rate, child abuse rate, and divorce rate. In addition, an indicator score was calculated for each catchment area. The composite social indicator scores are used to modify the population prevalence estimates to produce population-in-need estimates and to determine an equitable funding structure. Tabular data, 2 notes, and 28 references are provided. Presented at the Third National Conference on Need Assessment in Health and Human Service Systems, Louisville, Kentucky, March 17-20, 1981.

215. Halladay, Kim C.
Participative Management and the Small, Rural Community Mental Health Center.
Aug 80, 365p
SHR-0008166 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

Using questionnaires completed by professionals employed in small, rural community mental health clinics (CMHC's) throughout the United States, this dissertation examined attitudes toward participative management among different management levels. Although many authors have suggested that involving staff in decisionmaking can solve organizational problems such as burnout and leadership conflicts, few evaluations of participative management have been performed. This study was guided by the contingency model which argues that participative management techniques can be effective only if they are uniquely researched and designed for specific types of organizational settings. Information from interviews with individuals and groups currently working in rural CMHC's in Colorado was used to identify 75 decisionmaking issues that typically occur in such facilities. These items were incorporated into a questionnaire sent to 185 respondents selected from a newsletter mailing list. A total of 110 questionnaires were used in the data analysis. The study found that no issue was judged by either top, middle, or nonmanagement respondents as being appropriate for staff control in the decisionmaking process. All three groups considered clinical treatment and staff development as the most appropriate issues for staff decisionmaking participation. Wide diversity was discovered among the groups regarding the issues judged as most significant. Demographic variables that significantly influenced respondents' opinions were areas of professional concentration, level of management responsibility, and organizational size. Implications of these findings for social work practice and research are discussed. Tables, over 200 references, the survey questionnaire, and supporting statistical data are appended. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the University of Denver Graduate School of Social Work, 1980.

216. Hallman, Howard W.
Civic Action Inst., Washington, DC.
Innovative Citizen Roles in Local Budgeting Making.
1981, 28p
SHR-0008599 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

216.

Written to show how citizens can achieve full involvement in drawing up and adopting local governmental budgets, this guidebook is applicable to persons involved with Community Development Block Grants. The fundamentals of budget making are discussed, and the seven formal stages of budget making are delineated. Citizens are urged to decide which budget to deal with, such as the operating budget, capital budget, education budget, etc. The guide notes that early involvement is essential for effective citizen participation, since crucial decisions are made long before the proposed budget is published and presented to the city council. If citizens want to influence the budget decisions of administrative and executive personnel, they must first determine what they want in the budget and make their views known to the appropriate officials at the right time during the budget process. The guidebook draws upon the experience of six cities for illustrations of new approaches to citizen involvement: Portland, Oreg.; St. Paul, Minn.; Dayton, Ohio; Cincinnati, Ohio; New York, N.Y.; and Atlanta, Ga. Among these cities are found a broad array of new approaches whose common elements provide the outline for this guide. Sections of the guide discuss the facilitation of citizen participation through neighborhood structure, staff assistance, orientation of neighborhood committee members, involving other residents, determining needs, and producing neighborhood plans and channeling budget requests to departments. Other sections focus on determining citywide priorities, working with the budget office, relating to the chief executive, influencing the city council, and keeping track of future changes. A list of references, diagrams, and tables are included.

217. Hallman, Howard W.
Civic Action Inst., Washington, DC.
Neighborhood Planning: A Citizen Participation Guide.
1981, 28p
SHR-0008600 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

Particularly applicable to persons involved with Community Development Block Grants (CDBG), this guide on citizen participation in neighborhood planning discusses techniques relevant to all varieties of planning and outlines specifics on physical development, economics, human resources, and energy. It shows how citizens, local officials, and the private sector can work together in all these areas. In the CDBG program, citizens are required to be involved in the planning process. A good plan will specify what is intended to be accomplished in the immediate future and possibly over the long term. The plan should prescribe the precise steps necessary for implementation and should indicate financial costs and other required resources. In the CDBG program, both short and intermediate range planning are required. Components of a neighborhood plan might include needs and priorities, projects and activities, responsibilities, and resources. The guide discusses needs approval processes, assessment, and implementation. A chapter on physical development planning considers neighborhood boundaries, staffing, neighborhood committees, land use, housing and housing programs, nonresidential uses, community facilities, transportation, and CDBG. Self–help activities, training, public service jobs, commercial revitalization, community development corporations, and land trust are discussed under economic planning. The section on energy planning considers needs assessment, diagnosis, conservation measures, consumer education, transportation, renewable resources, and waste recycling. Drawings and a list of technical assistance documents are included.

218. Hannah, Gerald T.; and Risley, Todd R.
Experiments in a Community Mental Health Center: Increasing Client Payments for Outpatient Services.
16 Sep 80, 17p
SHR-0008602 Pub. in Jnl. of Applied Behavior Analysis v14 n2 p141-157 Summer 1981.

This article reports two studies examining the effects of implementing a system for producing and maintaining routine client fee payment in community mental health centers. The studies were needed because although public health care systems often depend on revenue generated from client payment for services, inadequate agency fee payment systems continue to create substantial administrative problems. The credit criterion system implemented in these studies was designed to allow clients to establish intra–agency credit by paying cash for each of the first three visits and to pay for services monthly after credit was established. The system resulted in a baseline collection rate of 20 percent, compared with the credit criterion rate of 96.6 percent. The credit criterion system did not create additional administrative costs and it had no affect on attendance. Thus, the credit criterion system appears to be a reasonable set of procedures for allowing clients to meet their financial obligations to an agency. (Author abstract modified). This paper is based in part on a dissertation submitted by the senior author in partial fulfillment of the doctor degree in the Department of Human Development and Family Life at the University of Kansas.

219. Harari, Tal.
Teenagers Exiting From Foster Family Care: A Retrospective Look.
Dec 80, 256p
SHR-0008526 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This dissertation involves a followup of foster teenagers who did not return to their parents upon exiting from care. The study attempted to determine perceptions of placement workers and teenagers of the importance of services offered, used, and needed and of the implications of such perceptions for current foster care. It also assessed emancipated teenagers' interpersonal affect and self–esteem and the extent to which foster care service perceptions can serve as predictors for post–foster–care adjustment. A questionnaire was administered to and interviews conducted with 34 teenage / young adult subjects between July 1978 and November 1978. Most of the subjects were white and 76 percent were female. The Interpersonal Affect and Self–Esteem scales of the Jackson Personality Inventory (JPI) were used to assess subjects' current functioning. Overall, findings indicate that good foster homes help alleviate the effects of poor homes for these adolescents; foster children feel that they are different from other children, especially during adolescence; foster children view social workers as not particularly relevant to their lives; and contact with natural families should be maintained, particularly with siblings. Tables, over 100 references, and footnotes are supplied. Appendices present the questionnaire, JPI scales used, and related material. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to the University of California, Berkeley, 1980.

220. Hatry, Harry P.; Winnie, Richard E.; and Fisk, Donald M.
Urban Inst., Washington, DC.
Practical Program Evaluation for State and Local Governments. Second Edition.
1981, 123p
SHR-0008943 Available from The Urban Institute Press, 2100 M Street NW, Washington, DC 20037, order number URI32100.

This report is intended to help State, county, and city governments improve their program evaluation capabilities. It is aimed at the government analyst as well as the overall manager or administrator. The report presents the basic steps in conducting a program evaluation. It discusses program objectives, associated evaluation criteria, and clientele groups for whom the criteria should be measured. It outlines various evaluation designs that show how the comparisons that make up the evaluation can be structured. These evaluation designs vary in their

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cost, their degree of complexity, and the precision with which they isolate program effects. The use of simpler and less expensive approaches is emphasized to keep evaluation feasible for State and local governments. Also described are the major techniques for obtaining data and the problems associated with data collection. A number of procedures—in addition to the use of statistics from existing records—are discussed. For example, interviews with citizens can produce valuable insight into aspects of a program's effects and unintended consequences that are not otherwise obtainable. Furthermore, innovation and planning can reduce data collection costs and improve the usefulness of the evaluation. Suggestions on steps that can be added to an evaluation so that the evaluation can be used to improve the program are included. Finally, the institutional issues of organization, staffing, costs, presentation of results, and followup are discussed. Appended material includes a case study that illustrates some of the evaluation tactics presented and shows how they are tied together, and a discussion of the conditions under which controlled, random experiments are most likely to be appropriate for State and local governments. Tables, footnotes, graphs, and 83 references are included. (Author abstract modified).

221. Haygood, Noreen.
Case Western Reserve Univ., Cleveland, OH. Human Services Design Lab.
Human Service Needs and Resources in Southern Chautauqua County: Summary and Recommendations.
Apr 80, 15p
SHR-0007994 Available from Case Western Reserve University, School of Applied Social Sciences, Human Services Design Laboratory, Yost Hall, Room 229, Cleveland, OH 44106.

Information about human service needs and resources in southern Chautauqua County, N.Y., was gathered through interviews with human service providers, planners, foundation executives, and volunteer community leaders. The study also obtained data on agency programs through reports and State, county, and regional agency planning documents. There is a strong tradition of voluntary service and a number of established agencies in this urban–rural area of 72,000 that contains a large number of rural residents and a higher–than–average number of older people. Government now plays a dominant role in the funding of human services and will probably continue to provide basic income supports and programs for health, mental hygiene, and the developmentally disadvantaged. Voluntary agencies plan to continue to do their work in preventing mental and physical illness and dependency, and in providing supports for families, including single–parent families, young people, and noninstitutionalized older people. The bulk of the document provides recommendations on how voluntary agencies can assert a leadership position and broaden their services. The agencies should increase their volunteer recruitment and training, community relations, and cooperation with the United Way. Ongoing program evaluations should be conducted, and a communitywide health services planning council should be formed from government agency and health service agency board and staff and community members.

222. Health Care Financing Administration, Washington, DC. Office of Policy Analysis.
Long Term Care: Background and Future Directions.
Jan 81, 72p
SHR-0008694 Available from Health Care Financing Administration, Gwynn Oak Building, Room D3, 1710 Gwynn Oak Avenue, Baltimore, MD 21235.

This paper presents an initial attempt to reevaluate Federal programs that finance long–term care services. An overview of the population requiring long–term care services discusses survey data indicating that at least 1,556,000 noninstitutionalized persons require assistance in meeting personal care needs, compared to 1,179,000 nursing home residents who need similar assistance. This fact, in addition to the aging of the population and changes in family structures, suggests that pressures for future public involvement are likely to intensify. A discussion of the services and settings that comprise long-term care and their coverage under current public programs examines nursing homes, other protected living arrangements, and the home. It is noted that nursing homes are the principal setting for the impaired elderly and disabled who are in institutions. Some 1,300,000 Americans live in 18,900 nursing homes nationwide. Medicaid, the predominant public source of financing, pays for nursing home care under two categories: skilled nursing facilities and intermediate care facilities. Problems of costs, accessibility, and quality of services hamper the current long-term care system. The paper documents the biases in favor of nursing home use inherent in public programs, particularly medicaid, and the fragmentation in the funding and delivery of noninstitutional services. The Health Care Financing Administration believes that a serious reappraisal of all Federal programs in long-term care, including medicaid, is warranted. Five options presented for long-term care reform include incremental modifications of existing programs, comprehensive grants to the States, grants to the States for noninstitutional services, disability payments for long-term care, and long-term care insurance. In addition, elements of more than one approach could be combined. Tables, figures, footnotes, and over 90 references are included. Discussion paper.

223. Henning, Mary.
Wisconsin Dept. of Health and Social Services, Madison. Bureau of Evaluation.
Child-Specific Residential Treatment Evaluation Model.
Jun 80, 185p
SHR-0008670 Available NTIS PC $16.50/MF $4.00

This report documents a 1979–1980 effort to develop and pilot test a model for evaluating residential treatment for children. The model presented in the report is child-specific and includes measurement of long-term goals and short-term objectives that are concrete and observable. Long-term change is measured using a standardized test or checklist, and short-term change is measured in five different program goal areas: psychosocial, academic, family, vocational, and physical functioning. Problems in the program goal areas are the major reasons why children are referred to residential treatment. These referral reasons are to be determined in conjunction with the referring worker, as are the long-term goals for the child and the estimated length of stay. Multiple measurement increases the likelihood that the change observed actually did occur. Use of time-series data permits attributing change to the treatment intervention. The model was wholly or partially tested in 8 of 30 Wisconsin institutions of child care. Reactions of six of the directors of participating institutions are presented. Their overall response was favorable; however, the directors expressed a need for technical assistance in implementing the model, in statistical analysis of the data, and in data processing. The evaluation data generated by this model will enable the institution staff to compare their performance in the current period with previous periods and will help them set goals for future performance. In addition, a model was developed though not tested, to show how to obtain meaningful program cost information to use in conjunction with evaluation data. The human services taxonomy of the Wisconsin Department of Health and Social Services is featured in the evaluation and the cost models. Recommendations are to require and / or provide incentives for implementation of the child-specific evaluation model in child caring institutions in Wisconsin and to identify a unit within the Division of Community Services to coordinate institution-related activities and to manage the child-specific evaluation. It is also recommended that the cost model be pilot tested. Tabular data and 15 references are given. Appendices contain

223.

analysis of data from the child behavior checklist and the time–series data. (Author abstract modified).

224. Hill-Scott, Karen.
California Univ., Los Angeles. School of Architecture and Urban Planning.
Assessing the Status of Child Care.
1977, 29p
SHR-0008952 Available from University of California, Graduate School of Architecture and Urban Planning, 405 Hilgard Avenue, Los Angeles, CA 90024.

An approach to day care needs assessment and planning was developed and carried out in the low–income inner–city community of South Central Los Angeles (SCLA), Calif. The model is replicable in any community. A Child Care Referral Service (CCRS) was started to assess day care needs in the community. This approach served as the basis for a survey that achieved the development of a demographic profile of the community; the investigation of the availability and nature of child care services in that community; and the examination of the characteristics, needs, and preferences of parents seeking care in SCLA. Comparing the actual availability of child care services with the profile of parent preferences and use patterns illustrates that a range of child care needs are largely unmet in SCLA. Problems include the lack of licensed day care programs and the dearth of infant care. Also, day care homes are grossly underenrolled and lack systematic utilization. Day care planners need to fully recognize the value of day care homes and promote family day care through information, communication, and referral networks. Furthermore, these inadequacies are largely due to the current costs of child care. Implications of this research for public policies are mentioned. Tables and 13 references are included.

225. Institute for Health Planning, Madison, WI.
Methods for Assessing Facility Modernization Pressures.
Aug 81, 53p
SHR-0008521 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

Guidelines are given to help planners estimate and forecast the "pressure" to modernize health care facilities. Modernization activity is defined as construction that improves present services and capacities, as opposed to expansion, which adds capacity or services. A distinction is also drawn between "need" and "demand." Need exists if there are identified inadequacies in a physical plant and also a well–defined requirement for the services the facility provides. "Demand" for modernization relates to institutional willingness and ability to pursue modernization activities, as shown by formulation of a modernization plan and securing of funding. The underlying motivations that produce demand constitute the "pressure" for modernization. Factors affecting modernization include changes in medical technology that call for structural changes and changes in practice patterns that can necessitate a rearrangement of facilities. Code compliance, financial considerations, competition, and the regulatory environment are other factors. Three methods are proposed to estimate and forecast the pressure, each proceeding from somewhat different perspectives and using different data bases. One method aggregates and evaluates information from capital expenditure plans. The second estimates relative age and modernization pressure from accounting information on depreciation. The third method relies on architecturally oriented evaluations of physical condition. Each of the three should provide input to the overall judgments of needed facility quantities and distributions. A total of 29 references and tabular data are provided. (Author abstract modified).

226. Iowa State Legislative Fiscal Bureau, Des Moines. Program Evaluation Div.
Iowa Juvenile Probation Offices.

Aug 81, 39p
SHR-0008697 Available from Program Evaluation Division, Legislative Fiscal Bureau, State Capitol Building, Des Moines, IA 50319.

Background information, findings, conclusions, and recommendations are presented from an evaluation of the operations of Iowa's juvenile probation offices which was designed to determine the degree to which State juvenile justice policy is being implemented at regional and local levels. The report's introductory section presents background information on Iowa's 1978 Juvenile Justice Code, duties and qualifications of juvenile probation officers, and juvenile court trends. This section advises that if current juvenile justice trends continue, juvenile probation officers can be expected to be responsible for more informal adjustments, more probationary supervision, and an increased amount of follow-up and coordination with other agencies. Other sections of the report review data and analyses pertaining to the structures of juvenile probation offices, present findings on the funding of juvenile probation offices, and consider the administration of the offices. The concluding section provides evaluation conclusions and recommendations. The evaluation team concluded that juvenile probation offices are not uniform in structure, have inequities among counties in per capita costs and cost per juvenile court case, and are generally lacking in formal policy development. The recommendations presented are intended to promote uniformity in the structure of juvenile probation offices, consistency in the allocation of costs to the counties, and improved administration through policy development. Graphic and tabular data pertaining to the evaluation are included, and detailed discussions of various aspects of the evaluation are appended.

227. Jacobs, Bella.
National Inst. of Senior Centers, Washington, DC.
Senior Centers and the At-Risk Older Person.
1980, 230p
SHR-0008052 Available from National Council on the Aging, Inc., 600 Maryland Avenue SW, Washington, DC 20024.

Activities and recommendations are presented from a project that studied the National Institute of Senior Centers' role in responding to the needs of the at-risk elderly (frail, physically or mentally impaired, and chronically ill older persons). To help determine the current state of the art and identify the problem areas, service barriers, and issues that need to be addressed, the project conducted a survey of senior centers identifying themselves as serving the at-risk elderly. Responses were received from 159 senior centers representing 43 States and the District of Columbia. Findings showed that 84 percent of those responding were attempting to serve at-risk older persons despite the sparcity of special funds available for this purpose. The project also sponsored a seminar designed to develop recommendations for planning, practice, training, and research regarding service delivery for at-risk and needy elderly. The 1980 seminar brought together leaders in the senior center field, professionals working with special disability groups, and planners and decision-makers at national and State levels. The planning recommendations focused on involvement at all levels of groups to support and provide services to address special needs, reduce barriers, and maximize the use of available resources. Practice recommendations emphasized the importance of recognizing strengths and coping capacity, as well as disabilities of at-risk older persons. Training recommendations were attentive to attitudes, competency level, information on at-risk characteristics, knowledge of community resources, techniques to stimulate creativity, advocacy, and intervention strategies. Research recommendations focused on operations, evaluation, and demographics. Appended are the survey questionnaire, the seminar agenda, a list of seminar participants, and a selected bibliography of 72 listings.

228. Jarrett, James E.
Council of State Governments, Lexington, KY. State Government Productivity Research Center.
Improving Productivity Through Monetary Incentives: North Carolina's Bonus Experiment.
Mar 81, 8p
SHR-0008795 Available from Order Department, The Council of State Governments, PO Box 11910, Lexington, KY 40578.

This paper reports on North Carolina's Incentive Pay Program, which is based on group performance. The program began in July 1978 as a 1-year, group, shared savings experiment. Its essential features included the following: work units could volunteer to participate; an 11-member incentive pay committee was established to determine the criteria for participation, monitor the results, and decide if bonuses were earned; and incentives would be paid if the work unit's expenditures were less during the 1978 to 1979 fiscal year than the average of the 2 preceding years and there was no decrease in service level or output. A group may share up to 25 percent of any demonstrated cost savings. In the first year, two units within the North Carolina Department of Transportation received awards. For saving nearly $60,000, employees in one unit received approximately $250 each. In a larger unit, employees saved $117,000 and were rewarded with bonuses of $285 each. In the second fiscal year (1979 to 1980), two of the three participating units achieved performance targets; employees in one group received $382 each while each employee in the other unit received $585. Ten units are now in the program and another 10 are anticipated to begin in July 1981. Many States currently have laws that preclude monetary bonuses of any type. Results from the North Carolina experiment suggest that such restrictions should be restudied. While North Carolina's results are still tentative, the program has significant potential for generating additional savings and improving agencies' productivity levels. Tables, figures, nine notes, and appendices containing a Senate bill and selected examples of actions to reduce costs are provided. (Author abstract modified).

229. Johansen, Robert; McNeal, Barbara; and Nyhan, Michael.
Institute for the Future, Menlo Park, CA.
Telecommunications and Developmentally Disabled People: Evaluations of Audio Conferencing, Personal Computers, Computer Conferencing, Electronic Mail.
Jul 81, 235p
SHR-0008798 Available from Institute for the Future, 2740 Sand Hill Road, Menlo Park, CA 94025.

The results of a demonstration by the Alternate Media Center (AMC) to show how various telecommunications media might benefit developmentally disabled (DD) children and adults are reported. Most of the applications were focused in rural Vermont, although two involved participants in other States. AMC began with a belief that such media would have to meet three criteria: effective, affordable, and accessible. The technologies employed were audio conferencing equipment built mainly on the existing telephone network, personal computers, and computer-based conferencing through computer terminals. Evaluation tools used in the project were interviews, questionnaires, tape recordings for audio teleconferences with content analysis, transcripts for computer conferences and computer mail, log sheets and usage statistics, and cost analyses. Over a dozen consumer, educational, and service groups tested the telephone conferencing equipment for about 14 hours per month from November 1979 to December 1980. The reactions of users were mostly positive, as were the impacts on their organizations. The audio "bridge" that was implemented during the project currently connects as many as 14 different locations via special phone numbers that allow participants to talk together as a group. The system is providing high quality, dependable, and economical service. The use of personal computers by eight DD adults and adolescents proved successful as did the use of electronic mail. Computer conferences, however, never gained momentum. Tables, footnotes, graphs, and illustrations are provided. Appendices present evaluation data, content analyses, a list of publications and presentations, and the names of project advisory board members. Report R-50.

230. Jones, Martha L.; and Biesecker, John L.
Portland State Univ., OR. Regional Research Inst. for Human Services.
Permanency Planning Guide for Children and Youth Services.
1979, 31p
SHR-0008944 Available from Martha Jones, Common Sense Associates, 1808 Chathana Drive, Camp Hill, PA 17011.

This guide is meant to be a working tool and quick reference guide for caseworkers and supervisors in children and youth services. Most sections are checklists and outlines for workers to use in making permanent plans for the children with whom they are working. The first section of the guide covers the areas to be handled prior to selection and implementation of permanent plans for children. These include assessment of the home situation, preplacement services, placement planning and review, and assessment of the child and family in long-term placements. A clear assessment of the child and family situation, followed by good preplacement services, should prevent the disruption of most families. Once a child is in placement, regular assessment and reassessment should help in the appropriate selection and implementation plans for children. Selection and implementation of a permanent plan are addressed in the second section, with attention to the following permanent planning options: return home, adoption, placement with relatives, transfer of custody, permanent foster care, and emancipation. Four references are supplied.

231. Katz, Irvin S.; and Dorsa, Rosemary F.
Community Service Council of Metropolitan Indianapolis, Inc., IN.
Neighborhood Services Study: A Framework for Effective Service Delivery in Indianapolis Neighborhoods.
Feb 80, 179p
SHR-0008541 Available from Community Service Council of Metropolitan Indianapolis, Inc., 1828 North Meridian Street, Indianapolis, IN 46202.

This study examined the services of neighborhood centers in Indianapolis, Ind., in relation to the needs that exist and developed a plan for coordinated service delivery. The study focused on neighborhood centers as a response to specialization in the human services and a mechanism for connecting people with existing service resources. The needs assessment phase of the study found that while the greatest concentration of socioeconomic need continues to be in Center Township and immediately adjacent areas, there has been an emergence of social, health, and economic problems in certain suburban Marion County areas. Compounding the problems for residents of these areas are the lack of service resources and limited public transportation. The study looked closely at 21 centers found to target their services to the residents of particular neighborhoods and to offer information and referral or more intensive casework services. Centers were found to vary according to the major social service functions they perform. Four kinds of service activity were studied: access services, decentralized services, social development programs, and community organization. Four types of centers are delineated. Standards and practices are recommended for all neighborhood agencies and for each of the four types of centers. A particular emphasis is placed upon the access service provider's role in coordinating services to individuals and families in order to ensure their effectiveness. The study recommends that the 4 service functions be present in each of 10 proposed catchment areas and that access services be extended into the emerging need areas identified. Maps, figures, chapter footnotes, and about 45 references are provided. Appendices give the results of questionnaires, needs assessment data, and the multiservice center core services concept. (Author abstract modified).

232. King, James A.; Muraco, William A.; Vezner, Karl O.; Wells, James P.; and LaGrange, Randy L.
Area Office on Aging of Northwestern Ohio, Inc., Toledo.
Profiling the Needs of Older Persons: A Case Study.
1980, 338p
SHR-0008419 Available from Area Office on Aging of Northwestern Ohio, Incorporated, Suite 506, Madison Avenue, Toledo, OH 43604.

The major objective of this study is the identification and documentation problems and needs of older Americans residing in the northwestern Ohio area. The project has four major components, each oriented toward providing indepth information about the older American population. The study involved a telephone survey of the older Americans living within the study area. There are eight specific areas investigated in the survey, including transportation, housing, economics, crime, nutrition, health, life satisfaction, and service or program utilization. Each of these areas are explored in order to determine what problems and needs exist, their magnitude, and how they differentially affect older Americans in terms of age, sex, and county of residence. A second major component of the study deals with the perceptions key informants have of the needs and problems older Americans experience. Problem identification and elite perceptions of the service systems were objectives of this part of the study. A third component of the study focuses on the utilization of services by these older Americans. A spatial analysis of the entire study area, comprising the study's fourth major component, examines the current delivery system and then offers an optional system design for the total system area. Such an optimal system is also designed for the county delivery system. The concluding chapter offers a convergence of the findings from the various research components of the needs assessment. It was found that somewhere between 5 and 15 percent of the older population is experiencing major problems in respect to the criteria studied. Tabular data, an 86-item reference list, and appendices with additional data are provided. (Author abstract modified).

233. Knecht, Bud.
Social Services Research Inst./Welfare Research Inst., Washington, DC.
Social Services Within the Framework of Hospice Care: Utilization and Policy Paper.
Dec 80, 44p
SHR-0008534 Available from Social Services Research Institute, 1015 18th Street NW, Suite 810, Washington, DC 20036.

This paper reviews the current scope of hospice programs, their service delivery models, and social services within the framework of hospice care. The last issue is considered in reference to "A Common Language of Human Services," a taxonomy of shared vocabulary terms that describes various human services programs yet permits comparison between them by way of common components. Current administrative and legislative initiatives include the University of Arizona empirical study of hospice services in the United States, other research and demonstration initiatives, and legislative initiatives at both Federal and State levels. Major issues and policy implications are concerned with the quality of hospice care, cost effectiveness, reimbursement policies, funding and eligibility, and the impact on hospices of increased Federal participation. While possible roles for the Federal Government in hospice care range widely, the funding of hospice social services has the greatest urgency. In addition to title XX (the single largest funding source for social services in the Office of Human Development Services), other programs, such as title III of the Older Americans Act and title IV–B of the Social Security Act, might also appropriately fund hospice social services. Tabular data, footnotes, and 12 references are provided. Appendices contain a report of the common language project and lists of social service components and hospice references.

234. Lawton, M. Powell.
Philadelphia Geriatric Center, PA.
Social and Medical Services in Housing for the Aged.
1980, 112p
SHR-0008948 Available from Department of Health and Human Services, Public Health Services, Alcohol, Drug Abuse, and Mental Health Administration, 5600 Fishers Lane, Rockville, MD 20857.

Findings are presented from research on various aspects of the impact of planned housing for the elderly upon the residents. Specifically, the study (1) measured the impact of a move from dispersed housing in the community to planned housing for the elderly (changes in morale, voluntary activity, social interaction, physical health, physical mobility, and competence in self–maintenance); (2) predicted positive and negative changes in the aforementioned areas from characteristics determinable prior to occupancy; (3) determined the selective factors that distinguish those who move into housing for the elderly from those who do not apply for such housing; (4) determined which personal characteristics are associated with the desire for and the use of supportive services within a housing situation; (5) examined the differential effects on tenants of housing environments, their administrators, and the services offered; and (6) developed a conceptual framework for the study of man–environment relationships. This study's basic methodology was the longitudinal control–group method. Subjects were seen twice, once before assuming residence in planned group housing and again after 1 year. Direct observations of the housing settings and the residents' social behavior were also made. Other representative housing sites were studied on a single occasion. Overall, when compared with elderly community residents who did not apply for planned housing, residents of planned housing were better off. Tabular data are appended, and 47 references and a subject index are provided.

235. Lewis, Mary R.
National Science Foundation, Washington, DC.
Alabama's Juvenile Status Offenders: A Pilot Study.
Aug 80, 76p
SHR-0007651 Available NTIS PC $10.50/MF $4.00

A pilot study was conducted in one urban county and one rural county in Alabama to develop and pretest a method for studying the factors that influence decisionmaking about youth referred to Alabama juvenile courts for running away, being truant from school, or being beyond parental control. The pilot study was preceded by an analysis of the historical development of youth services in Alabama, of the 1975 legislation separating status offenders from other offenders, and of availability of youth services in the State. The study sample included all 60 youths in the 2 counties who were referred for the 3 status offenses between January 1 and April 30, 1978. Two very different patterns of organizations interacting with youth were discovered in the two counties. The rural county's judge decided on a case–by–case basis how to work with the relevant agency, while the urban judge reached a prior agreement with the agency director regarding responsibility for each type of case. Data from agency records revealed that 49 of the 60 youths were known to the agency at some time and 42 were known before the status offense referral to court. However, more than a third of the families had not sought help from any source. MAXPEN, a variable representing the level of penetration of the

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juvenile justice system, was defined. Variables that were significantly related to MAXPEN included the following: being white and female, frequency of running away from home, distance run, number of referrals to court, age of the head of the household, and having violence in the home. Among problems identified in the current system were geographical variations in dispositions, the system's inability to deal with the family problems that were often closely linked with the youth's problems, and lack of services in many jurisdictions. Policy implications, footnotes, tables, an appendix listing types of organizational decisions made about status offenders, and a list of 27 references are provided. (Author abstract modified).

236. Love, Arnold J.; and Shaw, Robert C.
Dellcrest Resource Centre, Downsview (Ontario).
Impact Evaluation: Program Evaluation for Human Service Organizations.
1981, 81p
SHR-0008899 Available from The Dellcrest Resource Centre, 1651 Sheppard Avenue West, Downsview Ontario, Canada M3M 2X4.

This evaluation manual is linked to a training system that offers a range of options and benefits to human service managers in their personnel training. The training system is built on the philosophy of total service. Its manuals and training materials are supported by newsletters, seminars, workshops, and consultation. As a management tool, this manual shows human service administrators how to make program priority choices, make better use of scarce resources, reach more of the organization's goals, use more of the organizational potential, provide more effective service to clients, improve the organization, and become more accountable to clients and funding bodies. Reasons for beginning evaluation activities are examined, as are methods for obtaining useful information on client needs, staff time use, and program effectiveness. The impact evaluation model is outlined, and strategies for starting evaluation delineated. Evaluation methodology is addressed in terms of how to handle statistics, what client characteristics are important, how to collect client information, and how to compile the numbers for analysis. Goal evaluation and program monitoring techniques involve the relationship of goals and indicators, the use of goals to monitor performance, and the relationship of evaluation to change. Four types of evaluation designs—descriptive, nonexperimental, quasi-experimental and true experimental—are defined and issues discussed that relate to evaluating program improvement, outcome, and consumer satisfaction. The concluding chapter summarizes the practical suggestions into a step-by-step approach and illustrates it with a case study. A total of 14 items are listed for further reading. Charts and illustrations are provided.

237. Love, Arnold J.
Dellcrest Resource Centre, Downsview (Ontario).
Introduction to Program Evaluation for Small Agencies.
1980, 44p
SHR-0008942 Available from The Dellcrest Resource Centre, 1651 Sheppard Avenue West, Downsview Ontario, Canada M3M 2X4.

This manual acquaints managers of a small agency with some basic concepts of program evaluation. It shows managers how to reach more organization goals, use more organizational potential, provide more effective service to clients, and become more accountable to clients and funding bodies. The model of evaluation activities described includes the following components: needs assessment, program planning, formative evaluation, and outcome evaluation. The manual emphasizes that once information needs are defined, managers must consider staff and clients together with senior management and other people in the agency. Negotiation is necessary to establish firm information links, and is important to overcome the fear of statistics. Evaluation techniques include collecting client information on a systematic basis and linking this with a scheme for measuring it. Also discussed are program planning evaluation techniques, which should focus on the program's goals. Formative evaluation methods and approaches to outcome evaluation are addressed. Thirteen references are supplied.

238. Manard, Barbara.
Office of the Assistant Secretary for Planning and Evaluation (DHHS), Washington, DC. Div. of Long-Term Care Policy.
Working Papers on Long-Term Care.
Oct 81, 117p
SHR-0008677 Available from Division of Long-Term Care Policy SSP/ASPE, Room 433F, Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201.

Based on the work of the Department of Health and Human Services Task Force on Long–Term Care, this document contains papers that examine basic elements in the current system for long–term care and how they interact. The first paper adopts a broad definition of the long–term care population as people who are functionally disabled as a result of or in conjunction with chronic illness or conditions. Estimates of this population are categorized by levels of functional disability and individual subgroups, such as the chronically mentally ill and the physically disabled. Age and income of the long–term care population are described, along with future trends. The next study classifies long–term services into three major areas: basic living, personal care, and illness / disability. Different settings that provide these services are discussed, with particular attention to congregate housing as an alternative to institutionalization. Also considered are the adequacy of current and future supplies of long–term care personnel and Federal quality assurance efforts. The review of major financing issues in long–term care focuses on the relative roles of the public and private sectors, types of services covered and their coordination under Federal programs, and eligibility for federally financed long–term care services. The complex interactions of the whole system are illustrated in an examination of two topics: the supply of selected services and settings, such as nursing home beds, and the cost effectiveness of alternatives, particularly home health care. All papers contain footnotes, tables, and appendices. Prepared for the 1980 Under Secretary's Task Force on Long-Term Care.

239. Maryland Food Committee, Inc., Baltimore.
Outreach in Action: A Study in Effective Outreach. The Report of the Food Stamp Outreach Project.
Mar 81, 119p
SHR-0008864 Available from Maryland Food Committee, 105 West Monument Street, Baltimore, MD 21201.

This paper reports on a 1–year project in Maryland called Food Stamp Outreach Project. It was designed to increase food stamp participation rates of eligible citizens in certain target areas by 5 percent and in nontarget areas throughout the State by 3 percent, to ascertain the effect of a comprehensive outreach program on "stigma," and to develop a training component that could be used by State and local food stamp outreach workers in implementing future outreach efforts or in enhancing more productive efforts in their current programmatic thrusts. The project selected four counties to participate in the study, but one of these was dropped before the study's conclusion. Counties were chosen to participate based on the extent of territory classified as suburban or rural in size, population, participation in the food stamp program, etc. Both pretest and posttest attitude surveys were developed and administered to ascertain if extensive information about food stamps diminished the stigma that prevented participation. Outreach efforts were successful, in that new applicants in the target counties increased by 6 percent, 28 percent, and 190 percent. Outreach efforts included a media blitz, a focus on the Federal guidelines concerning implementation of the food stamp program by making these guidelines program objectives, monthly presentations and displays, training of outreach workers, and the governor's proclamation that January was food stamp month. Tables, printed materials, footnotes, and a bibliography of 25 references are provided.

240. Masnick, George; and Bane, Mary Jo.
Harvard-MIT Joint Center for Urban Studies, Cambridge, MA.
Nation's Families: 1960-1990.
1980, 197p
SHR-0008530 Available from Joint Center for Urban Studies of MIT and Harvard, 53 Church Street, Cambridge, MA 02138.

This volume is the first in a series of reports on the Nation's population, households, and families. It brings together some of the research findings of the Joint Center for Urban Studies that identify emerging trends and interpret their implications. The report indicates that the young adults of the 1980's (children of the baby boom of the 1950's and 1960's) are establishing lifestyles quite different from their parents; with later marriages, fewer children, more divorces, more working wives, and so on. Instead of triggering a new suburban expansion, these young adults may look more toward the cities and toward the goods and services that life in the smaller, more transient household units demands, posing new problems and opportunities for urban areas. In addition to presenting an overview of population trends and the life course variables that determine household population, the book emphasizes the role of women's work. Three aspects of women's work outside the home are considered: participation, attachment to careers, and contribution to family income. The impact of changing times and family patterns is discussed in terms of personal relationships, new lifestyles, and the relationship between families and the government. Tabular and graphic data are provided. Appendices include a list of related publications and additional tables. A Joint Center Outlook Report.

241. Michigan State Univ., East Lansing. Univ. Center for International Rehabilitation/USA.
Policy Planning and Development in Independent Living: Proceedings of a Region V Workshop, June 10-13, 1980.
Jun 80, 69p
SHR-0008150 Available from National Rehabilitation Information Center, Catholic University, 4407 8th Street NE, Washington, DC 20017.

This document contains lectures and summaries of workshop discussions that took place during a training program in policy planning and the development of independent living services for State rehabilitation professionals in Illinois, Indiana, Wisconsin, Michigan, and Minnesota. The opening lectures discuss the independent living movement and its policy status within the Rehabilitation Services Administration. Models for policy development are outlined that respond to the challenges posed by title VII—Comprehensive Services for Independent Living—of the 1978 Rehabilitation Act. Major concerns that the workshop participants felt were important in starting independent living programs within their organizations are also identified. Structured group exercises that exposed workshop participants to skills required in effectively eliciting input from individuals and groups are described, such as an independent living values survey in which participants ranked 23 issues relating to independent living and a method of conducting a meeting to prioritize policy issues. During the remainder of the workshop, participants were divided into four teams that focused on title I versus title VII, parts A and B of title VII, consumer participation in independent living centers, and agency scope of services. Major points expressed in these discussions are summarized, as are the State implementation sessions during which professionals from each State met to apply new team skills to a policy plan. Examples of different approaches to independent living are presented, including an overview of Michigan State University's programs for the handicapped and other State programs for the blind. A list of workshop participants, a bibliography, and a glossary are appended.

242. Michigan Univ., Ann Arbor. School of Social Work.
Training in the Adoption of Children With Special Needs.
1980, 522p
SHR-0008754 Available from University of Michigan, School of Social Work, 1015 East Huron Street, Ann Arbor, MI 48104.

This training notebook is designed to impart concepts and skills to practitioners that will help them in facilitating the adoption of children with special needs. The material presented is a compilation of some of the teaching methods and information developed by two projects of the University of Michigan School of Social Work: Project CRAFT (Curriculum Resources in Adoption / Foster Care Training) and Training Adoption Staff in Placing Special Needs Children, whose single goal was to improve the way that children with special needs, older children, and minority children are served by the adoption and foster care system. The seven units in this training workbook cover values in adoption practice, family assessment, recruitment, identity issues, attachment and separation, helping children when they must move, and conducting workshops. Each of the units has an introduction to the major concepts in the unit, followed by a collection of resource material that varies significantly from unit to unit. Following the resource material, each unit provides an annotated bibliography and a section that describes sample training days and suggests various ways in which the unit's concepts can be presented in a training session. (Author abstract modified).

243. Minnesota Crime Control Planning Board, St. Paul.
Through the Labyrinth: The Juvenile Services Delivery System.
Apr 81, 121p
SHR-0008159 Available from Crime Control Planning Board, 444 Lafayette Road, St. Paul, MN 55101.

The need to develop an integrated, systemwide approach to planning the delivery of services to troubled youth in Minnesota was examined. State laws that require or permit the provision of these services, State and Federal sources of funding for the services, and existing data systems that contain information about the nature of services were studied. Two service categories were defined. Juvenile justice services included detention, diversion programs, probation / parole services, legal services, and police services. Services designed to correct behavioral problems included client evaluation, counseling and therapy, chemical abuse services, child protection, special educational services, and residential placement such as foster homes or group homes. Most of the laws relating to services to troubled youth were found to be vague and possibly duplicative, although they were not mutually inconsistent. Lack of coordination at the Federal level among funding programs and lack of a single information source on funding made it possible to determine the amounts of Federal funds allocated for services. In addition, no structure exists for monitoring Federal funds entering the State. The State funding amounts could be more easily determined, but lack of systematic or comprehensive information systems at either the State or local level limit the data's usefulness for statewide policy development. It is recommended that the State legislature designate a permanent committee to serve as a forum for issues relating to service provision for troubled youth and to oversee the

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provision of these services. The committee should analyze existing statutes and rules and recommend changes. It should also establish a systemwide approach for allocating State resources, develop a resource manual providing policymakers with information about available State and Federal resources, and assess and recommend any necessary changes in existing information systems. Footnotes and tables are included. Appendices list services and actual and potential funding sources. (Author abstract modified).

244. Minnesota State Planning Agency, St. Paul. Developmental Disabilities Planning Office.
Community Residential Advocacy for Persons With Developmental Disabilities: Current Status and Future Development.
Apr 81, 99p
SHR-0008955 Available from Minnesota Governor's Planning Council on Developmental Disabilities, Developmental Disabilities Planning Office of the State Planning Agency, 200 Capitol Square Bldg., 550 Cedar Street, St. Paul, MN 55101.

This report explores the possibilities of providing a coordinated approach for assuring the acquisition and protection of individual rights for persons with developmental disabilities living in licensed, community residential facilities in Minnesota. Intended primarily for the Advocacy and Protective Services Committee of the Governor's Planning Council on Developmental Disabilities, this report explores the emerging advocacy concept of community residential advocacy. It examines the history of deinstitutionalization in the State, the development of internal and external advocacy services in community residential settings, the rights of persons with developmental disabilities, and the variety of advocacy and protective service needs of persons living in community residential settings. The report also cites data that support the need for the improvement of advocacy services in community residential settings. Two models of existing residential advocacy programs—the Minnesota State Hospital Advocacy Program and the Long-Term Care Ombudsman Program—are addressed, as are the possible role and functions of a community residential advocate. The report proposes that a coordinated approach be taken to provide needed advocacy services. The role of the community residential advocate should be flexible and dynamic, responsive to the changing needs and circumstances of clientele. A statewide system of advocacy services could be administered and organized in a variety of ways. Consideration should be given to the provision of a central administering office, and it would seem most feasible to provide advocacy services in each region, with a possible combination of regions with populations of low density. Tables and over 40 references are provided. Appendices present a glossary, policies of advocacy programs, and relevant statutes. (Author abstract modified).

245. Minnesota State Planning Agency, St. Paul. Developmental Disabilities Planning Office.
Evolution and Current Status of the Minnesota Developmental Disabilities Protection and Advocacy Network.
Apr 81, 38p
SHR-0008956 Available from Minnesota Governor's Planning Council on Developmental Disabilities, Developmental Disabilities Planning Office of the State Planning Agency, 200 Capital Square Bldg., 550 Cedar Street, St. Paul, MN 55101.

This report describes how the Minnesota Developmental Disabilities Protection and Advocacy Network evolved and helps clarify the respective roles, responsibilities, and interrelationships of the major components of the current "network." When planning began in 1972, the priorities were legal, citizen, and residential advocacy services. These services were implemented via demonstration grants; projects funded in the 1970's are listed. Training and technical assistance was provided to non-developmental disabilities-funded agencies to encourage the development of other advocacy services. After Congress established the Protection and Advocacy System in 1975, Minnesota instituted a communication network in the area of advocacy. The major components of the Minnesota Protection and Advocacy Network are the Governor's Office, the Central Minnesota Legal Services Corporation, the Minnesota State Planning Agency, and the Protection and Advocacy Network member organizations. Each component is described, and an organizational chart depicts the relationships among these entities. Five references and appendices presenting applicable Federal regulations and material relevant to the establishment of the advocacy network in Minnesota are included.

246. Mizio, Emelicia; and Delaney, Anita J.
Family Service Association of America, New York.
Training for Service Delivery to Minority Clients.
1981, 202p
SHR-0008238 Available from Family Service Association of America, 44 East 23rd Street, New York, NY 10010.

This collection of papers was developed to train mental health workers to deal effectively with minority communities and addresses theoretical, cultural, and practical considerations regarding service delivery to blacks and Puerto Ricans. Summaries are presented of reports by the black and Puerto Rican task forces that were established by the Family Service Association of America during its 2-year project to develop mental health service models for minorities. Other articles identify elements that should be considered when creating services for minorities, mainly racism and poverty. A discussion of the dual perspective theory emphasizes that workers must understand the values and behavior of minority clients while simultaneously comparing these cultures to the larger social system. A history of blacks in the United States emphasizes the economic roots of racism, while a separate article explores black cultural patterns. Puerto Rican history, reasons for mass migration to the United States, and strains on the Puerto Rican family are examined. The remaining papers focus on advocacy, counseling, and preventive programs. Planning guidelines and methods of integrating services are detailed, as are counseling approaches to blacks and Puerto Rican families. Advocacy strategies are described, and a family-life education program is outlined. Finally, a white social worker reflects on her experiences with poor blacks and Puerto Ricans. References accompany most articles.

247. Monk, Abraham; and Kaye, Lenard W.
Columbia Univ., New York. School of Social Work.
Ombudsman Services for the Aged in Long Term Care Facilities.
Jan 81, 378p
SHR-0008865 Available from Brookdale Institute on Aging, Columbia University, 622 West 113th Street, New York, NY 10025.

This report presents the most salient findings, conclusions, and recommendations to emerge from a study on ombudsman services for the aged in long-term care facilities. The study was aimed at determining the extent to which volunteer ombudsman programs have succeeded in instituting a system of community involvement in and public scrutiny of long-term care facilities. The study encompassed a two-pronged approach and covered the period from November 1979 to December 1980. The first stage examined the experience of the New York City Nursing Home Patient Ombudsman Program, an Older Americans Act project funded by both the New York City Department for the Aging and the New York State Office for the Aging. In this program, all ombudsmen serve as volunteers recruited from the local community who are independent of nursing home ties. In its second stage, the study reviewed the reported experiences of long–term care ombudsmen across the country with special attention to the legislative and organizational variables contributing to different types of service design and levels of program performance. Study findings are presented concerning demographic profiles of the respondent groups, program operations / the complaint grievance process, interorganizational relations and advisory boards, role prescriptions and the ombudsman, the efficiency of ombudsman services, and factors influencing program performance. Study recommendations are given for three areas: policy, program practice, and research. Tables, figures, and appendices giving the study instruments, supplementary research tools, and study correspondence and descriptive materials are included.

248. Moore, Herff Leo.
Humanizing the Human Services: Administrative Considerations for Reducing Staff Turnover and Improving Worker Utilization in a Public Agency Setting.
Jul 80, 258p
SHR-0008800 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study explored the quality of staff life and its influence on voluntary turnover and delivery of social services by child welfare workers. Herzberg's motivation–hygiene theory provided a framework for investigating social worker attitudes and job enrichment interventions designed to enhance job satisfaction, staff retention, and performance. The sample was 50 bachelor–level professionals performing protective services casework for the Texas Department of Human Resources. Workers participated in a pretest–posttest control group experimental design involving the eight natural supervisory units of Tarrant County. Two supervisory units were randomly selected as experimentals, with the remaining six units as controls. Each worker completed Herzberg's 16–item job reaction survey of motivational work content, plus 2 narrative questions asking them to list 5 factors contributing most to their contentment and discontentment with child welfare work. Important variables identified as influencing caseworker discontentment were working conditions and agency policy administration, which included overwhelming workloads, excessive paperwork, unrealistic agency procedures, and insensitive administrators. Contentment sources included work itself and achievement. Respondents found the emotionally charged decisions of removing children from families and placement to minimize abuse to be especially stress–inducing in combination with heavy caseload and negative agency conditions affecting casework plans and client progress. Agency constraints limited the job enrichment intervention to 3 months, preventing its full evaluation for the setting studied. The potential for job enrichment for influencing motivational content of social services tasks needs further longitudinal exploration to determine its effectiveness as a tool for agency administrators in public settings. Figures, tables, footnotes, a bibliography of over 150 references, and appendices of related material are included. (Author abstract modified). Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the University of Texas at Arlington, 1980.

249. Moracco, John C.
ERIC Counseling and Personnel Services Clearinghouse, Ann Arbor, MI.
Burnout in Counselors and Organizations.
1981, 21p
SHR-0008790 Available from ERIC/CAPS Clearinghouse, 2108 School of Education, University of Michigan, Ann Arbor, MI 48109.

This monograph posits a model of stress and burnout. The model emphasizes the central role of appraisal in the stress paradigm. Intervention strategies are possible at certain points in the model. The most effective places rest with the individual (e.g., learning new coping mechanisms, cognitive restructuring) and the environment (e.g., developing a social–professional support group). A syndrome of behaviors appears in the burned out counselor. It includes a callous attitude toward people, escapism of various sorts, and reduced counselor effectiveness. Ramifications are also felt in the counselor's personal life: deterioration in the quality of family life and personal health are two examples. Stress–reducing strategies include the cognitive restructuring approach in the appraisal process. Organizations can also burn out due to lack of funds, lack of flexibility, lack of decisionmaking power of middle managers, task overload, lack of recognition or gratitude, and the nature of the needy client population. Burnout in organizations may be prevented by providing opportunities for organizational self–assessment, using consensus approach to problem solving, giving feedback and rewards to members, providing timeouts for members experiencing burnout, and screening potential employees carefully. It is especially important that preventive measures against individual and organizational burnout be instituted in times of limited resources so that the waste and inefficiency caused by burnout can be held to a minimum. The bibliography contains 26 references. One chart is provided. (Author abstract modified).

250. Murphy, Jane; and Bradley, Valerie.
Government Studies and Systems, Inc., Philadelphia, PA.
Evaluation of Models of Advocacy Programs for the Mentally Ill and Developmentally Disabled. Volume I: Summary of Findings and Policy Implications.
17 Dec 80, 32p
PB81-177131 Available NTIS PC $7.50/MF $4.00

This is the first part of a three–volume report containing the results of a year–long study to document the methods and relative efficacy of various models of advocacy on behalf of the developmentally disabled. Eight advocacy programs from different parts of the country were selected for examination. This first volume reports the conceptual framework, methodology, and summary of findings, drawing implications of the results for policy. Five issues identified at the start of the evaluation were the auspices of advocacy, legal versus nonlegal advocacy, self–help versus professional advocacy, comprehensive versus categorical advocacy, and case advocacy versus systems advocacy. The methodology design incorporated the viewpoints of advocates, clients, and providers likely to be affected by advocates' actions. Organizational data were gathered on site visits, and aggregate data on individual cases was received in monthly reports. Information was also gathered on costs and general program activities, on problems regarding advocacy actions and outcomes, and on client satisfaction. Policy implications of the study findings are expressed in terms of the context of advocacy activity, organizational location and funding, mission and staff orientation, client characteristics, provider perceptions, and costs. Based on these findings, four specific recommendations are made in relation to the recent passage of the Federal Mental Health Systems Act: (1) designers of advocacy systems should take into account the priorities included in the State's mental health plan to guarantee that their goals and activities can be directed to the neediest of the mentally ill population, (2) plans for needs assessment should be made, (3) there should be a broadly representative advisory body, and (4) staff should have both legal and mental health qualifications. Report no. NIMH 81-10. See also volume 2, PB81-177149; volume 3, PB81-177156.

251. Murphy, Jane; and Bradley, Valerie.
Government Studies and Systems, Inc., Philadelphia, PA.
Evaluation of Models of Advocacy Programs for the Mentally Ill and Developmentally Disabled. Volume II: Case Studies of Advocacy Programs.
17 Dec 80, 59p
PB81-177149 Available NTIS PC $9.00/MF $4.00

This is the second part of a three–volume report containing the results of a year–long study to document the methods and relative efficacy of various models of advocacy on behalf of the developmentally disabled. Eight advocacy programs from different parts of the country were selected for examination. This volume presents descriptive profiles of each of the eight programs. The following programs are described in terms of their auspices, mission and strategies, and current activities: Client Advocacy Program, Wisconsin Department of Health and Social Services, Madison, Wis.; Idaho Legal Aid Services, Inc., Mental Disability Law Unit, Idaho Falls, Idaho; Legal Center for Handicapped Citizens, Denver, Colorado; Mental Health Advocacy Project, Santa Clara County Bar Association Law Foundation, Inc., San Jose, Calif.; North Shore Children's Law Project, Lynn, Mass.; Patients' Rights Advocacy Services, Inc., San Francisco, Calif.; Rubicon Independent Living Program, Rubicon Programs, Inc., Richmond, Calif.; and Vermont Legal Aid, Inc., Burlington, Vt. The evaluation revealed striking differences in the organizational auspices, missions and strategies and in the ongoing activities among the programs. They reflect the diversity existing in the field, which has seen a proliferation of advocacy programs, projects, systems, and models in both the private and public sectors—all offering a range of services described as advocacy for mentally disabled clients. Report no. NIMH-11. See also volume 1, PB81-177131; volume 3, PB81-177156.

252. Murphy, Jane; and Bradley, Valerie.
Government Studies and Systems, Inc., Philadelphia, PA.
Evaluation of Models of Advocacy Programs for the Mentally Ill and Developmentally Disabled. Volume III: Analysis of Advocacy Actions and Outcomes.
17 Dec 80, 243p
PB81-177156 Available NTIS PC $19.50/MF $4.00

This is the third part of a three–volume report containing the results of a year–long study to document the methods and relative efficacy of various models of advocacy on behalf of the developmentally disabled. Eight advocacy programs from different parts of the country were selected for examination. This volume presents data analysis across programs. Arranged into nine sections, the report deals with the background and reasons for the study; the methodology and data base of the evaluation; the impact of context on approaches and outcomes; the impact of organizational history, location, and level and source of funding; the impact of mission and structure; the impact of client characteristics; the approaches, outcomes, and client satisfaction; the provider characteristics and perceptions of advocacy; and the impact of program and client characteristics on costs. The evaluation consisted of quantitative and qualitative data analysis in response to seven analytic questions from the issues raised regarding advocacy for the mentally disabled. The fundamental question underlying the analytic research concerned the relationship between advocacy actions and outcomes. Tabular data are provided. Appended are cost estimation calculations and hypothetical cost estimates. Report no. NIMH-12. See also related documents, volume 1, PB81-177131; volume 2, PB81-177149.

253. Nassau County Dept. of Mental Health, Mineola, NY.
Admissions Contact Termination Forms. Management Information System. Manual.

Sep 81, 49p
SHR-0008472 Available from Nassau County Department of Mental Health, 240 Old Country Road, Mineola, NY 11501.

This is a manual of instructions for filling out the admissions, contact, and termination forms required for data gathering in the Nassau County Department of Mental Health. Introductory material describes the structure of the department, its three data collection forms, and the computerized procedures by which data from these forms are processed further. Client flow through a typical mental health clinic is depicted graphically. The manual delineates item-by-item instructions for each of the three types of forms. The admission form collects sociodemographic data on clients to generate statistical reports to agencies. The contact form collects data that enables the reporting of service delivery according to agency, staff member, and client. The termination form is used to collect data to terminate a client on the rolls. Appendices contain agency codes, translation from client name to client code, county codes, census tract entries, lists of State facilities, levels of adjustment, an agency data transmittal slip, service element codes for admission and contact forms, diagnosis code details, and a diagnosis code summary listing. (Author abstract modified).

254. National Council on the Aging, Inc., Washington, DC.
Strategies for Linking the Generations.
1981, 30p
SHR-0008056 Available from National Council on the Aging, Inc., 600 Maryland Avenue SW, Washington, DC 20024.

The benefits of cooperation and exchange between youths and the elderly and specific actions that public and private institutions should take to promote this linkage are presented. The recommendations were developed at a series of 24 community workshops, 3 regional meetings, and a national conference that together involved more than 1,000 persons across the United States. The primary focus was on the creation of strategies for linking individuals over the age of 60 with youths under the age of 25. Among benefits of such cooperation are a reduction in potential conflict between these two groups, exposure of young people to a holistic view of life, promotion of new relationships for the elderly, pooling of agency resources, and improved understanding of the aging process and the elderly. Policy recommendations are grouped into nine subject areas: elementary and secondary education, higher education, social services, transportation, housing and neighborhood, crime prevention, religious and spiritual well-being, physical and mental health, and employment. In the area of elementary and secondary education, for example, recommendations include the incorporation of understanding of the aging process into the educational process at all levels and active encouragement of older persons' involvement as employees or volunteers. Examples of existing approaches to achieve these goals are a family living course that has been revised to include the total life cycle and the use of elderly persons as library grandparents in public libraries. Lists of other specific examples and appendices describing the process used to develop the recommendations and showing the locations and persons involved in the effort are provided. Report of the 1981 White House Conference on Aging Mini-Conference on Intergenerational Cooperation and Exchange.

255. National League for Nursing, New York. Accreditation Standards Committee.
Criteria and Standards Manual for NLN/APHA Accreditation of Home Health Agencies and Community Nursing Services.
1980, 48p
SHR-0008070 Available from National League for Nursing, 10 Columbus Circle, New York, NY 10019.

255.

Based on consensus among several professional groups, this guide provides home health agencies and community nursing services with the criteria and standards needed in preparing self-study reports for accreditation by the National League for Nursing and the American Public Health Association. A preface traces the history of standards development in the field from 1961 when the criteria were first formulated to this 1980 revision. The current 28 criteria primarily test administrative practices and conditions, beginning with community assessment. The nine standards on organization and administration consider the governing body of an organization, responsibilities of chief officials, fiscal policies, contracting authority, and coordination with other community agencies. A total of six criteria pertain to program objectives and priorities as well as service records and the education of student health personnel. Other areas covered include staffing policies and practices, the evaluation process, and long-range planning. Evidence that can support the achievement of each standard is identified. A glossary is provided. Seventh edition.

256. National Voluntary Organizations for Independent Living for the Aging, Washington, DC.
Long-Term Care for the Elderly: A Voluntary Sector Perspective.
Mar 81, 24p
SHR-0008041 Available from National Council on the Aging, Inc., 600 Maryland Avenue SW, Washington, DC 20024.

This report summarizes the National Voluntary Organization for Independent Living for the Aging (NVOILA) task force's responses to issues relating to a continuum of care system of services for the elderly and the role of the voluntary sector. The general goals, history, and membership of NVOILA and its parent organization, the National Council on the Aging, are first reviewed, especially programs to develop in-home and community-based services that promote independent living. The organization's growing concern with long-term care is also discussed. In preparation for the 1981 White House Conference on the Aging, NVOILA formed a task force to study several issues. The presentation of their findings begins with a description of services for the elderly that can be provided within a continuum of care system. Topics covered by an annotated bibliography prepared by the task force are detailed, as are major trends that emerged from these materials. Critical issues regarding long-term care for the elderly are the goals of a delivery system, how to define the frail elderly, organization of a continuum of services and intergroup relationships, and responsibility for allocating resources. The task force recommended that a national policy to strengthen the role of informal supports, such as family, neighborhoods, and self-help groups, be developed. Also examined are organizational and environmental factors that affect community supports and methods to enhance cooperation between the public and voluntary sectors. Members of the task force and its committees are listed. Report by the National Voluntary Organization for Independent Living for the Aging (NVOILA) White House Conference on Aging Task Force on Continuum of Services.

257. Office of Management and Budget, Washington, DC.
Eligibility Simplification Project: An Interagency Study With Recommendations for Simplifying Client Eligibility Among Major Public Assistance Programs.
Oct 80, 405p
PB81-158552 Available NTIS PC $30.00/MF $4.00

This report was prepared in response to President Carter's request for an interdepartmental review of the Federal policies and administrative processes for determining applicant eligibility for major public assistance programs. An interagency study team developed comprehensive analyses and recommendations for simplifying and standardizing the eligibility requirements and procedures of the seven "basic needs" programs: Aid to Families with Dependent Children, food stamps, Supplemental Security Income, medicaid, employment and training (CETA), social services (title XX), and housing assistance (Section 8). The project's scope was limited to analyzing only factors that affect eligibility requirements and procedures, not those related to the level of benefits or services the programs provide. Also, the study was limited to Federal requirements, not those imposed by State or local governments. The recommended changes would reduce the conflicting and unnecessarily burdensome and duplicative eligibility requirements. Recommendations for changes in eligibility requirements are grouped into three categories: those affecting financial eligibility, those affecting nonfinancial conditions of eligibility, and technical requirements (standardizing definitions). A standard glossary of definitions has been formulated containing definitions of the elements of income and assets so that all programs will be able to agree on the basic components of eligibility requirements. The appendix contains additional material on the methodology, program benefits, issues studied and dropped from the report, efforts toward standardization, a work plan, and a listing of steering group and study team members. Tabular data are also provided.

258. Paton, John A.; and D'huyvetter, Pamela K.
Neoterics, Inc., Columbus, OH.
Automated Management Information Systems for Mental Health Agencies: A Planning and Acquisition Guide.
1980, 175p
SHR-0008753 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-024-01002-2.

This book presents a number of information system concepts and applies them to systems definition, analysis and planning, acquisition, and implementation. It also serves as a guide for the mental health program manager and staff to the tasks and responsibilities inherent in systems design, development, and implementation. The reader is introduced to computers, the uses of a management information system (MIS), policies and procedures affecting the system, the way the system fits into the organization, and the most common components of a community mental health center information system. Also included is a discussion of MIS terminology. The organization and policies an agency needs to effectively design, develop, and use an information system are explored, and the stages involved in implementing a system—beginning with the feasibility study and proceeding through analysis and functional definition, consideration of alternatives, design considerations, and cost justification—are described. The book also describes the process of organizing the agency's MIS advisory group, request-for-proposal preparation, vendor selection, contracting, project management, implementation of the system, and transition to the new MIS. It addresses the process of determining the impact of the system on the organization, its functioning, and its management. Finally, checklists and reference summaries are supplied. A glossary, 20 references, and a topic index are appended. Sample forms, tables, flow charts, and other illustrations are provided. (Author abstract modified). Mental Health Service System Reports, Series FN no. 1.

259. Pierce, Avery Dean.
Adoption Policy and the "Unwed Father": An Exploratory Study of Social Worker Response to Changing Conceptions of Fatherhood.
Dec 80, 188p
SHR-0008532 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

259.

This study of the changing role of the unwed father in adoptions explores policy shifts in this area and investigates the actions and attitudes of adoption workers toward these decisions and the men involved. Prior to 1972, the belief in public assistance policy was that only the father's provisioning role made him eligible for parenting. However, changes triggered by the Supreme Court decision in Stanley v. Illinois dealt directly with the right of the unwed father to be considered a parent. The case implied the need for a careful consideration by social workers of the behavior and characteristics of the unwed father. A questionnaire was developed to gage social workers' attitudes toward unwed fathers in such areas as parenting responsibility, fathering conception, practice actions, and fathering potential. A total of 258 social workers in California responded to the survey. Most of them were female, white, and possessed a master's degree in social work. Findings indicate workers still identify women in the nurturing role, and their bias still bars them from reconsidering the unwed father's role in adoption practice. Furthermore, workers tended to support a shared parenting responsibility both in current and future families and were less supportive of the importance of redefining the father's role. Most workers would exclude the fathers from the adoption process, especially if they thought he might get the child. They also reported that they believed they were following policy in all their actions. These attitudes and practices do not portend well for the unwed father's inclusion in adoption practice. Tables are included, and appendices present about 170 references, the questionnaire, and cover letters for the various followups. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to the University of California, Berkeley, 1980.

260. Prottas, Jeffrey Manditch.
Cost of Free Services: Organizational Impediments to Access to Public Services.
1981, 9p
SHR-0008954 Pub. in Public Administration Review v41 n5 p526-534 Sep/Oct 1981.

This paper examines why persons eligible to receive public assistance services, such as Project Head Start, food stamps, and health care, do not participate in these programs. Although available figures are inconsistent, nonparticipation rates appear to hover around 50 percent. Many of the decisions made by those who organize, administer, and work in these programs contribute to low utilization rates. Also, applying for many public programs is a demeaning experience characterized by long delays and complex procedures. The process requires citizens to pay both psychological and time costs to obtain service. In addition, the complexity of the programs allows street–level bureaucrats to control access to many aspects of the service via their monopoly over program information. Many public service agencies ration the services they are charged with delivering. The motivating force behind rationing is bureaucratic convenience, not public goals, and clients are the losers in such activities. A total of 59 references are appended. (Author abstract modified).

261. Rabby, Rami.
Locating, Recruiting, and Hiring the Disabled.
1981, 63p
SHR-0008025 Available from Pilot Books, 347 Fifth Avenue, New York, NY 10016.

This book examines the reasons for the current shortage in the supply of qualified, disabled candidates for employment and offers innovative approaches to locating, recruiting, and hiring people with disabilities. Emphasis is placed on raising awareness among management and other personnel and on effective outreach into the community for recruitment of qualified candidates. Strategies advanced as having immediate payoff are cooperative relationships with the traditional sources of recruitment of the disabled and the use of advertisements in the media related to the disabled. The use of the services of executive search firms and employment agencies, college and university placement and disabled student coordinators, and specialized service organizations and technological aid manufacturers is also recommended, as is word of mouth communication through various umbrella organizations concerned with the disabled. Among strategies with a long–term payoff are cooperative education, summer employment, and transitional employment programs. Other approaches include career education seminars, business career forums, and job–seeking skills training programs; scholarships and fellowships for disabled students; sponsoring technical skills training programs specifically for the disabled; coordinating corporate charitable giving with affirmative action pursuits, serving on the boards of directors of rehabilitation agencies, and making the company's products and services accessible to the disabled. Appended are listings of magazines and newsletters for the disabled; State employment service agencies; regional veterans administration offices; State governors' committees on the handicapped; job banks and other private sector training and placement projects; and organizations that publish directories, run clearinghouses, or serve as sources of information and referral.

262. Reap Associates, Inc., Washington, DC.
Assessing Human Services Management Systems: Reader's Guide. Volume 1.
Mar 80, 26p
SHR-0008613 Available from Social Service Research Institute, Welfare Research, Inc., 8th Floor, 1015 18th Street NW, Washington, DC 20036.

Intended for human service administrators and decisionmakers who are looking for ways to increase the effectiveness and efficiency of their management systems, this manual provides an overview of the purposes, nature, and methodology of assessments of management systems. The assessment methodology was developed from 5 years of research and demonstration focusing on title XX day care management. However, the principles and outcomes of the work are relevant to most types of social services management. The main purposes of conducting assessments of human services management are to audit minimum system requirements, document problems, and set priorities. Assessment can also be used to examine part of the total management system. The four major management areas that can be assessed are client management; provider management; claims reimbursement management; and planning, evaluation, and policy management. System assessment produces both quantitative and qualitative data on costs, clients, and system strengths and weaknesses. The four phases of a systems assessment study are the preparatory steps of developing administrative leadership, staff resources, staff orientation and training, and development of a study schedule; data collection and analysis; preparation of a baseline report; and definition of a problem for action planning. A chart presenting descriptions of assessment criteria and appendices presenting charts showing, for day care programs, the types of products and information an assessment will generate, are provided. The manual is the first in a series developed by the HHS Human Services Management Transfer Project. See also related documents, volume 2, SHR-0008614; volume 3, SHR-0008615.

263. Reap Associates, Inc., Washington, DC.
Assessing Human Services Management Systems: Assessment Model. Volume 2.
Apr 81, 29p
SHR-0008614 Available from Social Service Research Institute, Welfare Research, Inc., 8th Floor, 1015 18th Street NW, Washington, DC 20036.

This manual, part of a four–volume series developed by the DHHS Human Services Management Transfer Project (MTP), gives information for managers who have decided to do a management systems assessment. The manual explains the assessment model developed by the MTP based on 5 years of research and demonstration experience in human service organizations. It also explains the implementation process and issues that must be addressed for an assessment to be successful. The assessment model is useful when management decisions must be made with insufficient information. It was developed in response to interest in increased productivity and accountability in public and private organizations responsible for the delivery of human services. Integrated management is the core concept of the model. The model's variables include system components (inputs, processes, and outputs), criteria (costs, utility, and problems / benefits), and identified systems (client management, provider management, claims reimbursement management, and planning and evaluation management). Conditions necessary for implementing an assessment are described, and the assessment steps are detailed. These steps include defining the study's scope, purpose, and methods; designing the study; collecting and analyzing the data; preparing the baseline report; clarifying and restating the problem; and preparing the final report. Issues that must be addressed in relation to deciding to do an assessment, initiating the assessment, and implementing the assessment are explored. Figures and four appendices presenting charts detailing the four principles of integrated management, a sample criteria matrix, assessment model systems and subsystems, and information flow in four management systems are provided. See also related documents, volume 1, SHR-0008613; volume 3, SHR-0008615.

264. Reap Associates, Inc., Washington, DC.
Assessing Human Services Management Systems: Implementation Manual. Volume 3.
Jun 81, 111p
SHR-0008615 Available from Social Service Research Institute, Welfare Research, Inc., 8th Floor, 1015 18th Street NW, Washington, DC 20036.

This manual, part of a four–volume series developed by the DHHS Human Services Management Transfer Project (MTP), is a guide for internal work groups who have been directed to design and implement an assessment of the current state of operations of an organization or a system. The guidelines are based on an assessment model containing three key concepts: use of the systems approach, systematic analysis of information for decisionmaking, and management through the integration of information. Basic assessment terms and concepts are defined. A detailed workbook is presented to lead the assessment team through the seven basic steps of defining the study, designing the assessment, developing the assessment plan, collecting and analyzing the data, preparing the baseline report, clarifying and restating problems, and preparing the final report. Guidance is provided for the assessment process rather than for specific content, which will vary according to the situation in which the assessment is used. Basic communication skills needed by the assessment team members in interviewing and conducting effective meetings are also detailed. Worksheets accompanying the text cover such subjects as stating the initial problem, defining systems and system components, identifying assessment methods, and stating goals and objectives. Among other worksheet topics are instrument design, formulation of objectives, and identification and selection of needs. Eight appendices present illustrations of data display techniques, a guide to questionnaire construction, a checklist for evaluating written materials, and related information. See also related documents, volume 1, SHR-0008613; volume 2, SHR-0008614.

265. Research and Special Programs Administration, Cambridge, MA. Transportation Systems Center.
Paratransit: State-of-the-Art Overview.

Mar 81, 120p
SHR-0008049 Available from U.S. Department of Transportation, Transportation Systems Center, Kendall Square, Cambridge, MA 02142.

This publication presents both an updating and an expansion of a 1974 technology sharing document on demand-responsive transportation. This update emphasizes paratransit experiences from 1975 to 1980. It presents information not only on demand-responsive services such as dial-a-ride and shared-ride taxi, but also on prearranged ride-sharing services such as carpooling, vanpooling, and subscription bus. The information is drawn from over 190 sources. It is intended as a guide to assist community and State planners, transportation providers, social service agencies, employers, and the general public in assessing the feasibility of paratransit service. The subsequent steps of planning, implementing, and managing a paratransit service are also delineated, along with information on marketing the service, employee training techniques, potential computer applications, paratransit service evaluation, and institutional issues. The material is introduced with an overview of paratransit services and their role in the community and of the users and providers of such services. This is followed by a description of the various forms of paratransit services. Planning for paratransit services is delineated, including identifying unmet transportation needs, assessing existing public transportation, establishing goals and objectives, involving the community, and determining operating patterns and finances. Personnel considerations, management techniques, and pretesting and evaluation concerns are described. The institutional issues discussed include regulations, legal matters, insurance, and labor. A glossary and 191 references are appended. Technology sharing program.

266. Rhoades, Philip W.; and Parker, Sharon L.
Oregon Coalition Against Domestic and Sexual Violence, Portland.
Connections Between Youth Problems and Violence in the Home: Preliminary Report of New Research.
Sep 81, 87p
SHR-0008470 Available from The Oregon Coalition Against Domestic and Sexual Violence, 2336 SE Belmont, Portland, OR 97214.

This paper reports the preliminary analysis of the survey data on physical abuse histories of juvenile delinquents in Oregon. The research was motivated by the growing evidence of a relationship between the social problems of child abuse and juvenile delinquency. Therefore, this project was designed to improve the working relationship between juvenile justice agencies and domestic violence agencies in Oregon. It was to accomplish this task through networking (or the fostering of coordination, cooperation, and information exchange between the two agencies). The research component assessed the need for networking within Oregon by providing data about the child abuse experienced by juvenile delinquents under the supervision of juvenile agencies. The sample studied consisted of 191 juveniles ranging in age from 12 to 23. The study confirmed the hypothesis that the greater the number of parent figures in the juvenile's family history, the more likely it is that abuse will be reported. Contrary to expectation, it was not found that there was more abuse in the histories of males than females. In this sample, female juvenile delinquents were more likely to be abused and the abuse suffered was more frequent and more serious. Male parents were cited as the more frequent abuser. Previous experience of child abuse correlated with juvenile alcohol and drug abuse, running away, and violent crime. The abuse reported by violent juveniles was of a more frequent and serious nature than that experienced by nonviolent juveniles. Tables and graphs are provided. References include about 62 items. This paper was

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released at the conference: Connections: A Partnership for the Future, September 12-13, 1981, Portland, Oregon.

267. Ringers, Joseph.
Virginia Univ., Charlottesville. Mid-Atlantic Center for Community Education.
Developing, Managing and Operating Community Service Centers.
Aug 81, 100p
SHR-0008584 Available from University of Virginia, Mid-Atlantic Center for Community Education, School of Education-Ruffner Hall, 405 Emmet Street, Charlottesville, VA 22903.

This manual was designed to facilitate the development of local support networks for the delivery of comprehensive human services. The project focused on the development of plans for the utilization of public secondary schools to serve as local delivery sites and enhance the service capabilities of community service agencies. The project was developed in response to a need by the Comprehensive Employment and Training Act (CETA) to establish productive working relationships with educational agencies and institutions. Eight selected sites in Virginia received technical assistance in developing a local plan for coordinating comprehensive human services delivered from a secondary school site by a combination of local, public, and private agencies. Staffing and training plans and a management plan were also to be developed. Opportunities for colocation, coprogramming, and collaboration were to be identified and awareness sessions on community education and interagency coordination were to be provided. A culminating activity of the project was a 3-day cooperative community planning workshop to share plans and concerns among public schools, human service agencies, and CETA, and to increase understanding and draft plans for cooperative community service. The manual begins with an overview of linking, including the motivation for networking, participatory decisionmaking, and skills for creating linkages. The decisionmaking process is delineated, as is the planning sequence. Special problems related to legal obstacles, communication differences, and complexity of the project. Also covered are facility planning and managing the community service center. The key elements of success, such as leadership, programming effectiveness, and evaluation considerations are discussed. The concluding chapter identifies where to find more help, listing accomplished projects and other resources. Tables, graphs, and about 50 literature references are given.

268. Robinault, Isabel P.; Weisinger, Marvin; and Folsom, J. C.
ICD Rehabilitation and Research Center, New York. Research Utilization Lab.
Research Utilization Laboratory in a Comprehensive Rehabilitation Center.
Dec 80, 95p
SHR-0007980 Available from National Rehabilitation Information Center, Catholic University, 4407 8th Street NE, Washington, DC 20017.

The 10–year history of the ICD Research Utilization Laboratory (ICD–RUL) is reviewed, underscoring the role of ICD–RUL as a link between researchers and State and Federal project managers working in programs for vocationally vulnerable populations. RUL's purpose is to be aware of emerging national priorities in the area of rehabilitation; scan data banks, information resources, and available programs for materials that relate to the problems; develop suitable options; and conduct pilot tests of programs. RUL is also a center for the dissemination of information. The laboratory has developed two national information centers for disabled public assistance recipients and has created innovative service delivery models for special populations with vocational handicaps. Sample service delivery models include one to promote tapes on leaderless group techniques, the placement preparation program, the community resources multifacet model for the mentally ill, and the audiovisual training program on work-related needs. RUL also published the PA / VR (Public Assistance / Vocational Rehabilitation) Newsletter, special bibliographies, and state-of-the-art communiques to respond to issues raised by Federal and State agency personnel and their support facilities. This final report on work done under the 10-year grant includes a brief history of the climate in which ICD-RUL was born as one of two laboratories situated in comprehensive rehabilitation centers. It presents the goals and activities of ICD-RUL in sections covering the first and second 5-year period, and it gives highlights of assessment activities relevant to a wide variety of RUL projects. Finally, conclusions and recommendations regarding future needs and services are summarized. Figures are included. The appendices contain samples of work products disseminated by RUL. (Author abstract modified). See also executive summary, SHR-0007981.

269. Robinault, Isabel P.; Weisinger, Marvin; and Folsom, J. C.
ICD Rehabilitation and Research Center, New York. Research Utilization Lab.
Research Utilization Laboratory in a Comprehensive Rehabilitation Center: Executive Summary.
Dec 80, 18p
SHR-0007981 Available from National Rehabilitation Information Center, Catholic University, 4407 8th Street NE, Washington, DC 20017.

This executive summary of the final report on the history, contributions, and activities of the ICD Research Utilization Laboratory (ICD-RUL), one of the first laboratories of its kind associated with a comprehensive outpatient rehabilitation center, documents 10 years of experiences. RUL supplies and interprets knowledge about the field of vocational rehabilitation that is developed through the research of others. Its target groups are State and Federal vocational rehabilitation agencies. RUL scans data banks, information resources, and available programs for materials that relate to rehabilitation issues; develops suitable options; conducts pilot tests of programs; and disseminates information. The laboratory has developed two national information centers for disabled public assistance recipients and has created innovative service delivery models for special populations with vocational handicaps. Sample service delivery models include one to promote a tape series on techniques for conducting leaderless groups, the placement preparation program, the community resources multifacet model for the mentally ill, and the audiovisual training program on work-related needs. RUL also publishes a newsletter and produces bibliographies and communiques on current issues. Recommendations for future RUL programs and a diagram are included. See also related document, SHR-0007980.

270. Roederer, Doug; Shimberg, Benjamin; and Marcelli, Ralph.
Council of State Governments, Lexington, KY.
Occupational Licensing: Centralizing State Licensure Functions.
Mar 80, 29p
SHR-0008803 Available from Order Department, Council of State Governments, PO Box 11910, Iron Works Pike, Lexington, KY 40578.

This report addresses the administrative and organizational structures used to implement statutes granting licensure to various occupations and professions. Historically, boards have been autonomous, not attached to any department of government. Over the past 20 years, there has been a trend toward the establishment of central agencies to perform certain administrative services and, to some extent, policy coordination for individual boards. To gather information concerning the degree of centralization of State licensure functions, researchers delineated key

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activities and established five organizational models. These show the extent to which central licensure agencies are used and how much authority they have. Results of a survey that applied these models to State licensure activities are presented. It was found that 19 States are best described by the model in which licensure boards are totally autonomous. Substantial authority over autonomous licensure board decisions is found in two other models; only six States have central licensure agencies best described by these two models. Arguments for and against central licensure agencies are reviewed. The need for professional expertise, administrative efficiency, insulation from political interference, and accountability can be fulfilled by autonomous boards. Advantages of central agencies also include efficiency, better coordination, oversight mechanisms, and accountability to citizens. Case studies of three models are summarized. The survey instrument is appended, and a map, a table, and two footnotes are provided.

271. Rosenbaum, Nelson.
Center for Responsive Governance, Washington, DC.
Government Funding and the Voluntary Sector.
19 Aug 80, 23p
SHR-0008791 Available from Center for Responsive Governance, Publications, 1100 17th Street NW, Suite 313, Washington, DC 20036.

A seminar paper on Government funding and its impact on the voluntary sector (and comments in response to the paper) discuss the nature of volunteer work, the bureaucratization that creeps into voluntary organizations because of compliance with funding requirements and implementation of structured management systems, and recommendations to improve the Government-voluntary sector relationship. The Federal Government has managed to spread health and social services, along with recreational, cultural, and other human services, to a greater part of society by funding nonprofit voluntary organizations. Using this strategy, the Government avoids large increases in public employment and administrative structures. At the same time, the voluntary sector has benefited financially to the point that these organizations now rely on the Government for the greater part of their funding. However, this relationship is not purely beneficial for the voluntary sector because as organizations accept funds, they lose independence and are forced toward accelerated bureaucratization to comply with reporting and other administrative requirements. This bureaucratization in turn requires more structured management systems so that the voluntary organization tends to lose its emphasis on substantive services. While this trend tends to reduce amateurism and haphazard management practices, it also reduces diversity, flexibility, willingness to innovate, and it interferes with the voluntary sector's close ties with the communities and interest groups that once were relied upon for support. It is possible to reverse this trend. For instance, a single governmental agency could monitor funds for nonprofit organizations reducing confusing and conflicting requirements, Government assistance agencies could make greater use of matching or challenge grants, and Government grants could cover fully the costs of bureaucratization that they impose. Additional suggestions by the author and by seminar participants are included. Monthly Seminar Series. Report no. MSS-80-08.

272. Royse, Richard E.
Kansas Center for Mental Retardation and Human Development, Lawrence.
C.I.L. (Center for Independent Living): Design for Success.
1980, 113p
SHR-0008149 Available from National Rehabilitation Information Center, Catholic University, 4407 8th Street NE, Washington, DC 20017.

This manual is intended to assist nonprofit organizations in establishing centers for independent living (CIL's). CIL's provide direct services and support services to disabled persons who live independently in their communities. The center model outlined is not designed after any single CIL currently operating. It combines the innovative and effective components of a variety of centers, including CIL's in California, Massachusetts, Wisconsin, and Michigan. The model places primary emphasis on CIL linkages with the existing generic service system, while developing specific services necessary to ensure that disabled persons have the opportunity to live independently. This emphasis allows the center to develop a broad base of community support while stimulating other community agencies to examine their services and attitudes. The manual is divided into eight sections that discuss center development, housing service options, attendant services, transportation, employment, other services (advocacy, counseling, and information and referral), program funding, and accountability. Attention is given to involving consumers in the operation and direction of the CIL. The manual is intended only as a guide or introductory tool for the development of a CIL in a given community. Each sponsoring organization must give consideration to the needs of disabled persons in its own community and decide about the most productive method for linking with the existing community service delivery system. A resource list provides the addresses and phone numbers of selected CIL's, other resource organizations, and selected publications. (Author summary modified).

273. Rubin, Eleanor S.
National Council of Jewish Women, New York. Task Force on Aging.
Options for Living Arrangements: Housing Alternatives for the Elderly.
Jun 80, 39p
SHR-0007826 Available from Task Force on the Aging, c/o National Council of Jewish Women, 15 East 26th Street, New York, NY 10010.

This manual provides information on the housing needs and options of the elderly as well as supportive services needed to help the elderly remain independent in the community. Guidance is provided for section leaders of the National Council of Jewish Women (NCJW) for projects to help the elderly have a more comfortable and meaningful life in the community. "Special housing" for the elderly is designed with the needs of the elderly in mind, together with well-planned service delivery and neighborhood support systems which will facilitate the elderly's independent or semi-independent living in the community. Plans for special housing may include rehabilitation of old facilities, renovation of existing buildings, provision of relief for energy costs, adaptation of private homes for shared dwellings, allowance for homeowners in the form of reverse annuity mortgages, and provision of maintenance services. Different types of housing that might serve the elderly are owner-occupied single family houses, low-rent public housing, special multiunit rental housing for low-income and moderate-income elderly under Federal loans, as well as boarding homes, mobile homes, and retirement communities. Supportive services include home care, prepared meals, transportation, recreation, and education. Funding sources that can help the elderly with housing and supportive services are identified, general approaches for NCJW sections to use in helping the elderly to be independent in the community are described, and specific project suggestions are offered for sections of varying sizes. Appended are a community housing survey form and an evaluation form for NCJW sections to use in assessing their involvement in housing concerns for the elderly. Seven footnotes and a bibliography of 15 listings are provided.

274. Sadler, Roberta R.
Woodrow Wilson Rehabilitation Center, Fishersville, VA. Research Utilization Lab.
Final Report and Guide to a Research Utilization Laboratory for Vocational Rehabilitation Service Delivery.

274.

30 Aug 80, 89p
SHR-0008097 Available from National Rehabilitation Information Center, Catholic University, 4407 8th Street NE, Washington, DC 20017.

This discussion of the activities of the Research Utilization Laboratory (RUL) in Virginia, which was set up to facilitate the process of applying new knowledge and research findings to improve rehabilitation services, is presented for service delivery organizations in order for them to determine whether, and to what extent, they could adopt similar programs. The RUL serves as liaison between the researchers and the service delivery setting. Its goals include developing effective methods for rehabilitation practitioners to use research–generated information within a comprehensive rehabilitation center; assisting in field testing and evaluation of research developments, techniques, and procedures; and providing techniques and examples of information utilization to others in Virginia and the regional rehabilitation community. Following a brief introduction to the concept of research utilization, the report describes the program as a whole from the perspective of the staff and in the form of a series of "activity digests" that discuss illustrative research utilization efforts. An evaluation of RUL efforts is also presented; the personal reactions of a sample of individuals familiar with the project are recounted. The integration of the RUL program as a functional and organizational part of the comprehensive rehabilitation center was viewed as a positive feature of this effort. It was recommended that research utilization programs be undertaken in the service delivery setting and that fundings for such efforts be secured from the service delivery program and from a source independent of the service delivery program. Reference materials are appended, and a few footnotes and illustrations are provided. (Author abstract modified).

275. San Diego Association of Governments, CA. Criminal Justice Evaluation Unit.
Evaluation of Domestic Violence in the San Diego Region.
Aug 81, 164p
SHR-0008491 Available from Criminal Justice Evaluation Unit, San Diego Association of Governments, Suite 524 Security Pacific Plaza, 1200 Third Avenue, San Diego, CA 92101.

This paper reports on the evaluation of projects in the San Diego, Calif., region funded to address the problem of domestic violence. Goals of the projects were to provide an effective response for victims of spouse assault, rape, and child abuse by reducing victim traumatization and by increasing arrests and convictions of offenders. Since the problem of domestic violence requires intervention by many agencies, evaluation efforts examined the impact of these agencies as well as the funded projects. The evaluation report begins with data on the incidence, prevalence, and nature of domestic violence, summarizes the projects' impact, and then assesses the criminal justice system response. The quality of service delivery and effective organizational structures are described, followed by a consideration of what attitudes are reflected by the community with regard to the problems of spouse and child abuse. The study finds that reported incidence of both spouse assault and child abuse have increased in the area; that the North County projects served over 1,000 victims of domestic violence during the 18–month study period; that actions taken by criminal justice personnel indicate an improved response to domestic violence disturbances; that the key to effective intervention in domestic violence cases is the recognition of the need for liaison between criminal justice components and social service providers. Results of the telephone survey of 502 San Diego County citizens indicate that a third of the citizens perceive the issue of domestic violence to be a problem in their communities. Tables, charts, and 11 references are given. Appendices provide study instruments, additional tables, and excerpts from the California Penal Code.

276. Scientific Analysis Corp., San Francisco, CA.
Beyond Status Offender Deinstitutionalization: Public Child Welfare Services for Troubled Adolescents in the 80's.
Oct 80, 181p
SHR-0008793 Available from Regional Institute of Social Welfare Research, Inc., PO Box 152, Athens, GA 30603.

This document reports on a 2-year study of the impact of the Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1974 on public child welfare services. Specific objectives were to assess the impact in terms of demand on public child welfare services of juvenile justice system efforts to deinstitutionalize services as reflected in their patterns of services provision to adolescents; and to provide, based on these assessments, recommendations pertinent to the improvement of public child welfare services for adolescents. These objectives were addressed methodologically by conducting a series of studies, some of which involved secondary analyses of major existing data bases. The report recommends that the Office of Human Development Services (OHDS) require the development of discrete plans for adolescent services as an integral part of both joint Federal–State and State only planning governing the expenditure of additional funds for child welfare services authorized under both titles of Public Law 96–272. It is also recommended that OHDS, ACYF (Administration for Children, Youth, and Families) relocate the Youth Development Bureau as a component of the Children's Bureau and that DHHS–OHDS should initiate direct funding to localities on a demonstration basis for the purpose of developing neighborhood service systems for troubled adolescents. Moreover, OHDS, ACYF, CB (Children's Bureau) should place a higher priority on research related to child welfare services for adolescents in the forward planning of its research and development strategies. Technical appendices and 30 notes are included.

277. Seymour, Scott; and Howard, Dick.
Council of State Governments, Lexington, KY.
Innovations. Simplifying Federal Grant-in-Aid in Arizona and Kentucky.
Jan 80, 18p
PB80-212533 Available NTIS PC $6.00/MF $4.00

The implementation of the 1974 Federal Joint Funding Simplification Act—legislation intended to simplify the process whereby grantees apply for, receive, and administer funds from several Federal agencies—is examined for Arizona and Kentucky. The types of participants in the joint funding program are reviewed for each of the two States. The application, funding, and implementation process for each State are also examined. Joint funding advantages are discussed, as well as the transferability of the experiences of these two States for other States. The projects of both States demonstrate the potential for joint funding in simplifying grant administration and for a more comprehensive and coordinated approach to service planning. While some administrative problems do exist, joint funding provides a means to address and solve some of the problems inherent in the acquisition and administration of Federal grants. As these problems are solved, programmatic aspects of joint funding may be expanded to integrate more Federal programs into the projects. Based on the performance of the Arizona and Kentucky projects and several others at the local level, the Office of Management and Budget and the General Accounting Office have recommended reauthorization of joint funding for the next 5 years. Also provided is a policy resolution adopted by the Governing Board of the Council of State Governments in 1979 pertaining to the simplification of the grant–in–aid process. Recent Innovations reports are listed as well. (NTIS abstract modified).

278. Slivinske, Lee R.; and Isralowitz, Richard E.
Case Western Reserve Univ., Cleveland, OH. Human Services Design Lab.
Cuyahoga County Department of Youth Services: Diversion Project Evaluation.
Sep 80, 61p
SHR-0007977 Available from Case Western Reserve University, Human Services Design Laboratory, School of Applied Social Sciences, Yost Hall, Room 229, Cleveland, OH 44106.

This is the final report on an evaluation of the Cuyahoga County Department of Youth Services' Diversion Project (Ohio). The project, which provides counseling and other services to approximately 60 juvenile status offenders and their families, was found to be very effective in reducing the delinquency committed by participating youth. Also, other factors associated with their problem behavior were found to have been minimized, including drug use / sale, violent offenses, property offenses, and status offenses. Data also indicate there was a reduction in school-related problems of Diversion Project youth. The study consisted of three phases. During Phase I, self-reports were obtained on the commission of status, property, and violent offenses; drug use and / or sale; problems at school; poor parental relationships; and poor self-images and perceptions of being labeled "troublemaker." During Phase II, posttest measures were obtained after services had been provided for approximately 9 months. Phase III consisted of measuring and analyzing the perceptions of project youth, their parents, service providers, and project staff regarding the project and its effectiveness. The majority of the survey respondents viewed the project to be effective. Additional effort is needed to further develop interagency cooperation and communication. Tabular data, survey instruments, and 12 references are provided.

279. Smith and Wilburn Associates, Inc., Huntsville, AL.
Work Program Design for Establishing Coordinated Elderly and Handicapped Transportation Services: A Staff Memorandum.
Mar 80, 24p
SHR-0008816 Available from Birmingham Regional Planning Commission, 2112 11th Avenue South, Suite 220, Birmingham, AL 33256.

This memorandum is designed to facilitate implementation of a recommended coordination and / or consolidation of transportation services for the elderly and handicapped in the Birmingham, Ala., area. A number of specific activities must be accomplished to establish coordinated transportation services. Four major work program phases are anticipated: selection of participants; advance planning; operations programming, including operations design and scheduling; and implementation and evaluation. The paper also discusses actions required prior to proceeding with the work program. It notes that elderly and handicapped transportation planning activities have been productive because actual service improvements have been implemented, communication among agencies and between the elderly and handicapped transportation providers has improved, and the Birmingham area has continued to meet various Federal guidelines and regulations concerning elderly or handicapped services. However, additional efforts to move toward actual initiation of coordinated service operations require an increased level of commitment. Specifically, two or more transportation service providers must be willing to enter into an agreement to investigate current operations, services, and funding in detail and establish a joint transportation service if at all possible. Footnotes and appendices giving an excerpt from the Birmingham area elderly and handicapped transportation plan, a draft interagency agreement, and an information questionnaire are provided.

280. Smith, Janice B.
Office of Personnel Management, Washington, DC. Office of Intergovernmental Personnel Programs.
Upward Mobility: Considerations for Program Planning and Development. Information for State and Local Governments.
Mar 81, 33p
SHR-0008076 Available from Office of Personnel Management, Office of Intergovernmental Personnel Programs, PO Box 14184, 1900 E Street NW, Washington, DC 20044.

This publication outlines the major issues and factors to consider in the planning and development of an upward mobility program, especially for employees of State and local governments. The concept of upward mobility is one of the means for meeting affirmative action goals mandated by the Federal standards administered by the U.S. Office of Personnel Management. The publication discusses the kinds of data needed to make program design and implementation decisions and suggests potential uses of such data. Individual sections of the manual focus on each of the seven components of an upward mobility program: identification of work force patterns and needs, identification of target positions, selection of program participants, training for program participants, career counseling, evaluation, and program administration. For example, the chapter on identification of target positions notes that once the target positions have been identified, the methods used to move employees into those positions or career ladders leading to those positions should be defined. The three methods commonly described to move employees into target positions are the crossover method, the bridge method, and the skills upgrade method. In addition, two strategies for reserving upward mobility slots are the use of attrition as an intake mechanism and the setting aside of a certain number of positions for the upward mobility program. A reference list is provided. (Author abstract modified).

281. Social Security Administration, Washington, DC. Office of Planning, Evaluation, and Statistical Analysis.
Work Welfare Programs: State Experiences.
2 Sep 81, 19p
SHR-0008804 Available from Office of Family Assistance, Office of Intergovernmental Communication, 2100 2nd Street SW, Transpoint Building, Washington, DC 20201.

This report reviews the results of various State work-related welfare programs and discusses alternatives for States considering a community work experience program (CWEP) for recipients of Aid to Families with Dependent Children (AFDC) benefits. It identifies specific management practices, staff attitudes, and community support levels that contributed to successful CWEP programs. The report also discusses components of a work program and suggests that States may wish to target certain groups within the AFDC population, to find worksites that have the potential to lead to a regular job, and to consider whether funds are available for child care before deciding whether to include certain recipients in the pool of CWEP eligibles. States may also want to consider sanctions against recipients who resist CWEP, inclusion of a job search component in their programs, and arbitration of disputes. States should plan early to measure CWEP's performance. The text gives suggestions on how to monitor the program, how to measure its cost effectiveness, and how to choose the bases for tracking benefits and costs. Eleven references and an appendix presenting an outline of possible work assignments for CWEP participants are included.

282. Spector, Alan Jay.
National Inst. of Mental Health, Rockville, MD.
Deinstitutionalization of Child Welfare Services in Illinois: Social Change and Policy Change.

282.

1980, 228p
SHR-0008164 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This dissertation examines the circumstances leading up to the adoption and consolidation of deinstitutionalization in Illinois child welfare policy starting in 1973. The deinstitutionalization policies were initiated by Dr. Jerome Miller, who was appointed in 1973 as Director of the Illinois Department of Children and Family Services (IDCFS). Miller, who had previously led deinstitutionalization efforts in Massachusetts, was director of the Illinois agency for only 18 months, but the deinstitutionalization policies that he advocated became standard agency policy. The dissertation's first section examines Miller's administration in Massachusetts and the philosophy and style that he brought into his administration in Illinois. The second section discusses the IDCFS before Miller came to Illinois and describes the organizational structure and functioning as well as the relationships involved in child welfare services. Other sections discuss the developing national currents in child welfare and how they are related to the development of deinstitutionalization policy. Also analyzed are the various interest groups and other influences on policy, the controversies, the political situation, and the actual changes effected during Miller's administration. Subsequent sections discuss the administration of Miller's successor and adaptations made by interest groups who were initially opposed to the deinstitutionalization thrust. Figures, tables, and a list of 89 references are provided. (Author abstract modified). Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Northwestern University, 1980.

283. Spivack, Saul.
Pennsylvania Univ., Philadelphia. Dept. of Physical Medicine and Rehabilitation.
Appraisal of the Current State of Long Term Care Health and Social Planning.
Mar 81, 22p
SHR-0008739 Available from University of Pennsylvania, National Health Care Management Center, Leonard Davis Institute of Health Economics, 3641 Locust Walk/CE, Philadelphia, PA 19104.

This history of long-term care health and social planning and policy is discussed, followed by a summary of the current status of long-term care and the problems that need to be addressed. Comprehensive, system-level health planning did not begin until the 1960's, and these years were represented by a spurt of legislation resulting in medicare and medicaid programs, the Regional Medical Program, and the Comprehensive Health Planning (CHP) and Public Health Services Amendments Act of 1966. Health care costs became the issue in the 1970's and these years saw the initiation of the Professional Standards Review Organization, the National Health Planning and Resources Development Act, State Health System Agencies (SHSA's), and State Health and Planning and Development Agencies (SHPDA's). The social system had a separate history of planning and development, including establishment of various social services under the Social Security Act, the Older Americans Act, and the Veterans Administration. Much of the responsibility for long-term care planning has accrued to SHSA's and SHPDA's because most publicly funded long-term care services are within the medical model and fall under these agencies' mandate to service special population groups. However, planning for long-term care has lacked consistency in terms of community-based services. The resources required to create a long-term care system are funded at the national level under a variety of autonomous categorical programs. Unfortunately, the SHPDA's and the SHSA's cannot directly address the gaps in long-term care where social problems arise nor can they integrate the services. These auspices have been proposed for a health-social model synthesis: (1) an autonomous entity drawing resources from both systems based on the individuals' primary needs, and (2) placement of long-term care responsibility within an expanded health or remodeled system. Several demonstration projects and trends in the health field indicate an acknowledgment of the problems and experimentation in dealing with them. About 60 references are cited. Discussion paper no. 41.

284. Staley, Carl.
Save the Children, Inc., Atlanta, GA. Child Care Support Center.
Day Care Financial Management: Considerations in Starting a For-Profit or Not-for-Profit Program.
Jan 81, 20p
SHR-0008789 Available from Child Care Support Center, 1182 West Peachtree Street NW, Atlanta, GA 30309.

This paper for the day care director examines financing considerations in starting and operating either a for-profit or a not-for-profit day care center. It looks at developing financial goals, estimating startup costs, determining whether there is enough startup money, and identifying sources of startup funds. In particular, the costs of renting or purchasing a building are of concern, and occupancy costs must be estimated. An example of buying an existing center illustrates what is involved in any startup decision. Regardless of whether an existing center is being bought or a new center is being constructed, success will depend upon constant monitoring to allow adjustments to what really develops after the program begins operating. For example, the closing of a primary employer of parents could close the day care center if adjustments are not made on a timely basis. The startup decisions made will have continuing impact on the operation of any day care center. Sample financial statements are included.

285. Swan, Christopher C.
California Office of Appropriate Technology, Sacramento.
Transformation of Transportation.
Feb 81, 16p
SHR-0008603 Available from Office of Appropriate Technology, 1600 Ninth Street, Sacramento, CA 95814.

This paper is designed to aid imaginative dialog, both within and without State government, concerning the future of California transportation. In both the manufacture and operation of transportation, substantial quantities of increasingly expensive energy and resources are consumed. As public transit systems faded out and the automobile gained popularity, a highly mobile society was developed in the United States that is now extraordinarily dependent on fossil fuels, energy intensive materials, and manufacturing. The very social fabric is woven with transportation, especially in California. Thus, rising energy and resource costs have a direct relationship to every aspect of Americans' lives. These rising costs can be seen as a profound opportunity to redefine transportation vehicles and networks, a chance to explore the potential of neighborhood-scaled systems involving bicycles, footpaths, small buses, and taxis, as well as intercity trains and dirigibles that efficiently cover the distance while simultaneously providing a convivial experience of mobility. Drawings and diagrams are included. Eleven references are listed. (Author abstract modified). Occasional paper.

286. Taft, Julia Vadala; North, David S.; and Ford, David A.
New Transcentury Foundation, Washington, DC.
Refugee Resettlement in the U.S.: Time for a New Focus.
31 Jul 79, 222p
SHR-0007943 Available from New Transcentury Foundation, 1789 Columbia Road NW, Washington, DC 20009.

286.

The approaches to refugee resettlement in the United States during the past 25 years are reviewed to determine their impact on refugees' ability to resettle effectively, to explore possible new approaches, and to recommend ways to organize and deliver these services in the future. Information was gathered via literature searches, semistructured interviews of public and private agency officials, analysis of official documents, and examination of scholarly work and anecdotal material about the resettlement experiences of Chilean, Cuban, Hungarian, Indochinese, Kurdish, and Soviet refugees in the United States. Results indicate the need for a new focus that views refugees as only transitionally dependent populations, who initially need concentrated services such as English language and skills training, cross-cultural orientation, and mental health services. In addition, greater reliance is needed on human investment services in order to reduce long-term reliance on maintenance programs. Every effort should be made to ensure that refugees categorically eligible for existing human services programs receive these services, with attention to their particular cultural and linguistic differences. Permanent authorizing legislation is needed for refugee assistance. Full Federal funding should support economic, medical, and social adjustment services to each eligible refugee for 3 years after arrival in the United States. The Federal Government's executive branch should be strengthened with respect to its capacity to oversee all refugee activities, and the relationship and responsibilities of public and private organizations should be more clearly defined. Tables, footnotes, and appendices presenting a bibliography and other materials related to the study are provided. (Author abstract modified).

287. Taylor, James B.
Using Microcomputers in Social Agencies.
1981, 119p
SHR-0008093 Available from Sage Publications Inc., 275 South Beverly Drive, Beverly Hills, CA 90212.

This monograph provides an introduction to microcomputer technology and explores the uses of microcomputers to meet human service agency needs. The volume is designed to help human service administrators or workers learn about microcomputers and about how to harness their capabilities. Microcomputer applications discussed include client information systems, business and financial systems, word processing, decision support and "blue sky" applications, such as administering and scoring ability tests. Estimates of hardware costs and a form allowing an administrator to diagnose needs that the microcomputer might meet are provided. Subsequent chapters present the seven steps to implementation of a microcomputer system, basic approaches to system design, and suggestions regarding choosing and using software. A detailed case example is presented in which a microcomputer was used in an ombudsman's office in one State to deal with complaints from or about State institutions. Options for using either microcomputers or larger computer systems in large agencies are also examined. The use of microcomputerized information in program assessment and management decisionmaking is explored. The concluding chapter presents several scenarios depicting the future use of microcomputers in a mental health agency. It is concluded that the microcomputer will become a tool which, although limited in itself, will become essential to human service practice. Figures, forms, diagrams, and 25 references are provided. Appended to each chapter are additional references. Sage Human Services Guide v19.

288. Testa, Charles.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: The Information Systems.
1 Jul 81, 224p
SHR-0008671 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

Based upon analyses of the information systems used in four long-term care "channeling" projects, a model is proposed for a computer and information system to evaluate the National Long Term Care Demonstration (NLTCD)—a Federal program intended to stimulate improvements in the long-term care system at the State and community levels. Based upon lessons learned from reviewing four existing information systems for channeling-type programs for long-term care, the report recommends that the goals and objectives for NLTCD be detailed at the outset of the program. This will facilitate focusing and simplifying specification of the data requirements for evaluation of the NLTCD. This does not mean, however, that each State's program in the demonstration must have precisely the same goals and objectives but rather that goals are sufficiently definable and measurable for comparisons between programs to be made. Further, the alternative long-term care programs with which the NLTCD is to be compared should be decided at the outset. For a complete set of external comparisons, it would appear advisable to collect data on subjects who are comparable to the channeling-type clients but who do not participate in any type of long-term care program. A chapter is devoted to each of the four existing long-term care information systems examined. Thirty-two exhibits are provided. See also related document, SHR-0008680.

289. Tossey, Marvin Gerald.
Predicting Community Adjustment of Former Group Home Residents.
1980, 95p
SHR-0008531 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study sought to test the utility of Hirschi's control theory to predict the behavior of adjudicated juvenile offenders. Hirschi states that delinquent acts result when an individual's bond to society is weak or broken. The social bond contains four elements: attachment, commitment, involvement, and belief. It was hypothesized that there would be a positive association between "stake in conformity" scores and community adjustment ranking. A sample of 100 group home residents was selected to test the hypothesis. A series of instruments that measured behavior and attitudes was administered to the sample while they were still in group homes. Each person was then restudied 6 months after leaving the homes. The subsequent community adjustment of study participants was measured on a 3-point ordinal scale based on school and / or work experience and court contacts. It was found that the sample could be categorized in nearly equal amounts into the outcome groups of positive, moderate, and poor levels of adjustment. Univariate analyses, comparison of the mean stake in conformity scores for the three outcome levels, and multivariate analyses were performed for data analysis. Findings did not support the hypothesis. Possible reasons are discussed and the problem of predicting treatment outcomes is highlighted. Footnotes, 15 tables, a bibliography of over 60 references, and the study instrument are provided. (Author abstract modified). Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to the University of Maryland, 1980.

290. Turnbull, H. Rutherford.
North Carolina Univ. at Chapel Hill. Inst. of Government.
Community-Based Residences for Mentally Handicapped People.
1980, 22p
SHR-0008799 Available from Institute of Government, Knapp Building 059A, University of North Carolina, Chapel Hill, NC 27514.

This paper focuses on the issues surrounding the location of group homes for mentally handicapped adults and children and argues that it is now appropriate to view the location of these homes as an intergovernmental problem, not one that affects only State government or local government. The situation in North Carolina is discussed in this context. The article also contends that the location of group homes is a controversial issue because of a general misunderstanding regarding what a group home is about and its effect on the community, and confusion about the distinction between mentally handicapped and mentally ill persons. Local and State government interests in the location of group homes are different. Local interests include zoning and the unusual effect of localities becoming "institutionally impacted," whereby certain areas have too many sites for mental retardation facilities while other areas have none. State interests include State funding and licensing as well as legal requirements. The intergovernmental nature of the problem of siting group homes is further shown by the fact that Federal, State, and county governments often jointly fund services to mentally retarded persons. North Carolina's State and local governments have not accommodated each others' interests in establishing group homes. Despite the substantial merit of House Bill 277 (1975) and Senate Bill 626 (1979), the problem of siting these group homes has not yet been addressed. Myopic views of the group home movement, the lack of joint problem-solving efforts, and the lack of data collection will result in the courts continuing to make decisions about where group homes should be sited. A total of 73 footnotes are provided.

291. United Cerebral Palsy of Broward County, Inc., Fort Lauderdale, FL.
Strengthening Individual and Family Life: Workshop Proceedings.
Nov 80, 141p
SHR-0008536 Available from United Cerebral Palsy Associations, Inc., 66 East 34th Street, New York, NY 10016.

This report presents papers given at a workshop on strengthening individual and family life skills for handicapped persons, especially persons handicapped with cerebral palsy. Papers focus on interpersonal relationships, emotional functioning, daily living, and coping skills. Discussions cover family life skills and program planning, mental health, strategies for facilitating interpersonal skills, and counseling techniques in self-development for young people with cerebral palsy. Other papers highlight family crises and stress, constructive support systems, and basic considerations in marriage and parenthood decisions. Papers on how the family can help or hinder a disabled person's development, how to fulfill the mothering role from a wheelchair, how to help a child set and reach realistic goals, and how to help adolescents develop socially and interpersonally are included. Problems handicapped adolescents encounter in dating and with peers are dealt with as are concerns in realizing sexual potential and acknowledging sexual limitations. The theme pervading all papers at the workshop is the ability of handicapped individuals to live their own lives as independently as possible. Many of the papers were written by handicapped persons or individuals who care for them. Footnotes and references are provided. Conducted at Fort Lauderdale, Florida, on November 10-12, 1980.

292. United States Conference of Mayors, Washington, DC.
Administering Aging Programs: Structuring an Office on Aging in City Government. Volume 2.
Jan 81, 19p
SHR-0008115 Available from United States Conference of Mayors, 1620 Eye Street NW, Washington, DC 20006.

To aid mayors and other city officials in making decisions regarding services to older citizens, this report presents background information on the increasing involvement of cities in aging programs and some comparative data on how cities are currently organizing offices serving the aged. In addition, key issues associated with establishing an aging office in city government are identified. They include such administrative issues as the need for funding, stability, staffing, planning, and coordination; such political issues as community visibility and citizen involvement; and such organizational issues as disruption of city services, staff experience, and authority over the program. Organizational options for structuring an office on aging are presented. These might involve locating the office on aging in the mayor's office, the city council staff offices, the city manager's office, a separate cabinet department, an agency outside of government, or an office under a special aging advisory council / task force. Another option is establishing a special ombudsman position. Each of these options is analyzed in terms of its organizational location, roles / levels of responsibility, types of coordination with other agencies, and advantages and disadvantages. Case studies illustrate how different cities have employed these options in organizing their aging services. A few data tables and organizational charts are included. (Author abstract modified). See also volume 1, SHR-0008114.

293. United States Conference of Mayors, Washington, DC.
Administering Aging Programs: Assessing the Role of Cities in Aging Programs. Volume 1.
Jan 81, 23p
SHR-0008114 Available from United States Conference of Mayors, 1620 Eye Street NW, Washington, DC 20006.

The first in a series, this volume is intended to help mayors and other city officials analyze roles the city might choose in planning, administering, and managing programs for their older citizens. Alternative functions for cities to assume in aging programs are discussed, including comparing service versus nonservice approaches and assessing the requirements of services' functions. Role options for cities, such as coordinator, service funder, advocate, service access provider, and direct service provider, are delineated. An appended self-assessment guide is designed for use by key departmental staff in developing recommendations to the mayor and other local officials on roles the city may play in aging programs. The guide is intended to provide a sense of direction as to the feasibility and desirability of cities' involvement in aging programs and service delivery, given the unique nature of each city. The self-assessment guide addresses three basic issues: the capacity and commitment of the city toward assuming responsibility for three functions (planning and managing aging programs, providing access services to older citizens, and providing direct services to older citizens; whether the city is interested in seeking designation as an Area Agency on Aging (AAA) as a means for fulfilling functional priorities; and other administrative / structural role options the city might pursue to increase its involvement in aging programs. See also volume 2, SHR-0008115.

294. Utah Dept. of Social Services, Salt Lake City.
Unification of Social Services: The Utah Experience.
Jul 80, 84p
SHR-0005739 Available from Andrew L. Gallegoo, Executive Director, Utah State Department of Social Services, 150 West North Temple, Suite 310, PO Box 2500, Salt Lake City, UT 84110.

An introduction to the history and current status of the efforts to unify Utah's social services is provided. Despite the fact that much of the Utah experience is too recent to have been fully evaluated, indications are strong that progress is being made toward overcoming the lack of coordination and other service delivery problems in the State. The following unification concepts upon which the Utah strategy is based are discussed: (1) colocation of multiservice providers in decentralized facilities; (2) single-point administration in each service delivery area; (3) common support systems to avoid expensive and duplicative operations; (4) comprehensive human service planning and unified budgets at the local level; (5) shared governance with an emphasis on maximizing local input and direction; and (6) social service delivery in a locally based system that includes a clearly defined client pathway, staffing for case management, and the organization of subunits based on the functions performed by staff rather than on their former categorical specialties. Also included is a brief discussion of those aspects of the unification strategy that involve a restructuring of the Utah Department of Social Services to better support the implementation of the six concepts at the local level. A progress report traces efforts to implement the strategy in rural Utah and in an urban area. Other areas considered are future plans for administrative changes at the State level and the nature and outcome of evaluations of the strategy to date. Appended are documents pertaining to the planning and implementation of the unification strategy, and exhibits portray various aspects of the unification strategy. Charts and other illustrations are included. (Author abstract modified).

295. Weissblum, Natalie M.
Walls: A Descriptive Study of Residents Living in SRO Hotels in New York City and Their Use of General Social Service Programs.
Dec 80, 330p
SHR-0008528 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study investigated the different types of general social service programs provided by outside agencies in six single-room occupancy (SRO) hotels in New York City. Each facility was categorized as providing either maximum (eight or more), moderate (six to seven), or minimum (three to five) onsite general social service programs to their residents. The theoretical works of Maslow (1970), Murray (1934), and Caplan (1974) provided the foundations for the study. Maslow and Murray postulated that the person's basic needs must be met before they can function on a higher plane of interaction in society, and Caplan theorized that social support systems are essential in assisting individuals to maintain themselves over a period of time. A Likert Scale instrument was developed to measure resident satisfaction with the hotel, relationships within the hotel, and resident use of both onsite and community-based services. The questionnaire was administered to 247 respondents living in the 6 hotels. Findings indicated that respondents living in SRO hotels with maximum onsite social service programs received a higher score on the Satisfaction with Hotel Accommodations Scale than those living in moderately and minimally serviced facilities. However, respondents of the maximally serviced hotels did not obtain a high score on the Hotel Relationship Scale. The findings also showed underuse of many of the social service programs by those living in maximally serviced hotels. The services deemed essential for residents involved the presence of an onsite coordinator and adequate food and medical programs. Findings imply that maximally serviced hotels are meeting residents' needs but are fostering a dependency that mitigates against the development of social supports that might help the resident gain autonomy. Tables, reference notes, and about 30 references are provided. Appendices include questionnaires, the scales used, and a description of the hotels studied. (Author abstract modified). A research project submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to Adelphi University, 1980.

296. Working Group for Community Development Reform, Washington, DC.
Monitoring Community Development: The Citizens' Evaluation of the Community Development Block Grant Program.
Jun 80, 71p
SHR-0008740 Available from Working Group for Community Development Reform, 1000 Wisconsin Avenue NW, Washington DC 20007.

A study of the Community Development Block Grant program was conducted by citizen monitors in 36 cities and counties throughout the United States and focuses especially on a series of issues related to the basic quality and impact of the local governments' performance in the areas of housing and economic development programming under the block grant program. Sites for the monitoring were selected according to stated criteria, and a standard citizen monitoring form was used. A troubling pattern emerges from the research, showing that many local governments have severe difficulty setting goals, developing the capacity to pursue these goals, and evaluating their progress. Local mayors, city councils, citizens, and HUD often do not have the basic information they need to monitor the block grants effectively. These performance problems raise questions concerning HUD's procedures of performance monitoring and postaudits. Site visits by HUD are too brief, infrequent, and isolated from sources of criticism, and HUD's sanctions for inadequate applications or poor performance are not applied effectively. As a result, too much discretion occurs in Area Offices, and these offices fail to follow up on compliance matter. Also, HUD has generally failed to apply one of the most effective sanctions—a halt or slowing in the drawdown of funds to cover administrative costs. Other problems revealed in the study concern eligibility of activities to be funded with block grant money, targeting of truly low-income people, displacement caused by economic development programs, failure to develop jobs and business opportunities for the unemployed, and failure of the Housing Assistance Plan to live up to its potential. The citizen monitoring approach ran into several obstacles besides inadequate information and including hostility from local governments. The project design, evaluation of separate components of the block grant program and recipients' compliance with requirements, and the background of the block grant program are all discussed in detail, and recommendations are made. Appendices contain a listing of study groups and sites, profiles of monitoring groups, and a table of selected characteristics of the jurisdictions monitored.

297. Wright, J. Ward.
Council of State Governments, Lexington, KY.
Tax and Expenditure Limitation: A Policy Perspective.
Feb 81, 48p
SHR-0008794 Available from Order Department, The Council of State Governments, PO Box 11910, Lexington, KY 40578.

This report is written for the information of State legislators and executives who are considering the use of tax and expenditure limitations (TEL) as a means of gaining control of ever increasing governmental costs. It examines some of the more difficult analytical problems associated with the development and application of economic indexes, such as level of personal income, growth of the economy, and rise in the consumer price index. The application of these nationally developed tools to State and local purposes, the designation of base periods to which they apply, and the problems of limiting revenues that are elastic with respect to the economy will pose serious theoretical and practical problems to the drafters of TEL legislation. Attempts to limit expenditure likewise pose difficulties, given the large number of specialized funds with which most State governments operate. All of these factors must deal with the necessity of governments to provide ongoing services while being in the best possible position to meet life-threatening emergencies. In addition to these problems, the report also raises the difficulties of developing data bases necessary to administer effective programs of limitations. Also discussed are the shortcomings inherent in TEL's, since these types of limitations are no substitute for the development of equitable systems of taxation, improved government productivity, and responsive and effective bureaucracies. Notes are provided. (Author abstract modified).

298. Zamarripa, Sam J.; and Goldstein, Felicia.
Georgia Dept. of Human Resources, Atlanta.
Respite Services: Temporary Support to People Who Are Mentally Retarded and Their Families.
1980, 89p
SHR-0008506 Available from Sam Zamarripa, 339 Josephine Street, Atlanta, GA 30307.

This publication outlines a respite services system for people who are mentally retarded. It has been written principally for planners and service managers who are currently developing or managing a residential service system. The manual can also be used by parents, students, and other groups interested in the assumptions behind respite care, its impact upon both the family and the disabled person, and the relationship of respite services and the larger residential system. The purpose and goals of respite services are discussed, along with options and alternatives of respite service, both formal and informal. Design and management considerations for respite services include clear articulation of principles and ideologies that underlie service planning and operation, a well-defined and manageable regional area of services that is accessible, a commitment to data collection and analysis, consumer and public participation, and personnel development training. Also covered are recruitment of respite providers and operating procedures for a respite service. The latter include entry and exit criteria, elements of a respite service contract, and minimum standards for such a service. A variety of forms to be used in respite service operations are illustrated. The reference list is comprised of 34 entries. Charts, figures, and tables are also supplied.

299. Zawadski, Rick T.; and Ansak, Marie-Louise.
On Lok Senior Health Services, San Francisco, CA.
On Lok's CCODA: The First Two Years.
Jun 81, 19p
SHR-0008820 Available from On Lok Administration, 1441 Powell Street, San Francisco, CA 94133.

This technical report describes the development of On Lok's Community Care Organization for Dependent Adults (CCODA) and presents data from the first 2 years of operation, with a focus on the feasibility and acceptability of this innovative service program. On Lok means "happy, peaceful abode" in Chinese. The CCODA is a product of community concern for the frail older residents of the Chinatown–North Beach area in San Francisco. The organization is a freestanding, community-based model program that assists the elderly in helping themselves by providing directly all long-term care services from social support to hospitalization. This support system, together with the family, helps the elderly remain in their own homes and in their own community. On Lok coordinates all long-term care services, but instead of referring to other providers, delivers those services directly. The CCODA services only those clients who actually have been certified as eligible for institutional (skilled nursing or intermediate) care. In addition to and building on its service program base, On Lok is involved in housing, training, technical assistance, and research. The research efforts at On Lok seek to build a body of knowledge based on real world experiences with service systems in long-term care. The report contains charts, graphs, photographs, and eight references. (Author abstract modified). Technical report no. 300.

300. Zimmerman, Joseph F.
Advisory Commission on Intergovernmental Relations, Washington, DC.
Measuring Local Discretionary Authority: An Information Report.
Nov 81, 77p
SHR-0008953 Available from Advisory Commission on Intergovernmental Relations, 1111 20th Street NW, Room 2000, Washington, DC 20575.

300.

This study developed an index for the different types of general purpose local government units in each of the 50 States. For this purpose, local discretionary authority was defined as the power of a local government to conduct its own affairs. Data were obtained for each State by examining the constitutions and statutes, court decisions, and other material and by a mail questionnaire survey of public officials and experts on State–local relations. The questionnaire sought these individuals' views on the extent to which various types of local governments actually exercise discretionary authority. Respondents were also asked their preferences for various kinds of State legal provisions affecting local discretionary authority. The report provides an account of the evolution of the basic State–local power relationship, including the two main approaches to constitutional protection for local discretionary powers (home rule) that have produced the existing patterns of State–local relations in States with a constitutional grant of local discretionary authority. Findings indicate that cities nationwide have about an equal amount of discretionary authority in regard to their structure of government, functions, and personnel; cities in Arizona, Illinois, Maine, and Texas have the broadest financial discretion; and counties have been granted significantly fewer powers than have cities. Findings regarding the actual use of discretionary authority point out that charter amendments are rarely made by cities and that the greatest increase in the use of discretionary powers occurred in the functional area. Recommendations in previous reports of the Advisory Commission on Intergovernmental Relations and a description of the indices of local discretionary authority are provided. Data tables, the questionnaire, and footnotes are included. Report M-131.

List of Corporate Authors

- **Advisory Commission on Intergovernmental Relations, Washington, DC.**
  - *Measuring Local Discretionary Authority: An Information Report.*
- **Alcohol Education for Youth, Inc., Albany, NY.**
  - *Catalyst II: A Workbook of Alcohol Education Resources.*
- **American Health Care Association, Washington, DC.**
  - *Broadening Federal Coverage of Noninstitutional Long Term Care.*
- **American Hospital Association, Chicago, Il.**
  - *Future of Health Planning.*
- **Area Office on Aging of Northwestern Ohio, Inc., Toledo.**
  - *Profiling the Needs of Older Persons: A Case Study.*
- **Birmingham Regional Planning Commission, AL.**
  - *Feasibility of the Senior/Special Program Being Operated by a Private Operator or a Social Service Agency.*
- **California Office of Appropriate Technology, Sacramento.**
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☆U.S. GOVERNMENT PRINTING OFFICE: 1982-361-155:P0204(82)

PROJECT SHARE
P. O. Box 2309
Rockville, Maryland
20852

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Office of the Assistant Secretary for
Planning and Evaluation
PROJECT SHARE

Journal of Human Services Abstracts

VOLUME 7 NUMBER 3 July 1982

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Journal of Human Services
Abstracts

PROJECT SHARE
P.O. Box 2309
Rockville, Md. 20852
(301) 251-5170

Project Officer, EILEEN WOLFF
Office of the Assistant Secretary for Planning and Evaluation
Department of Health and Human Services

Journal of Human Services Abstracts is published quarterly (January, April, July, October) by PROJECT SHARE.

PROJECT SHARE is operated by Aspen Systems Corporation, under DHEW Contract No. HHS-100-81-0052

PROJECT SHARE

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The views expressed herein are not necessarily those of the Department of Health and Human Services or of the contractor, Aspen Systems Corporation, but are those of the individual document authors.

Preface

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The *Journal of Human Services Abstracts* is published quarterly by Project SHARE, a National Clearinghouse for Improving the Management of Human Services. Project SHARE acquires, evaluates, stores, and makes available a broad range of documentation on subjects of concern, to those responsible for the planning, management, and delivery of human services. Project SHARE is operated for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, by Aspen Systems Corporation.

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See Evaluation of service system operations
Services re abuse/neglect
428
Services re foster family care
313,357,365,406
Services re substitute living/residential arrangements
306,393,415
Services (reorganization of)
See Reorganization of human services
Sheltered employment services
361,396
Shelters for abused spouses
364

As can be seen, one document is relevant to at least one of the subject categories — abstract number 365.

(Sequential abstract no.) **365.** Illinois Dept. on Aging, Springfield. Div. of Planning
Family Support Program: Project Report.
Nov 81, 21p
(Order number) **SHR-0009081** Available from NTIS, PC $6.00/MF $4.00

In the above examples we see that abstract 365, entitled *Family Support Program: Project Report*, was written by the Illinois Dept. on Aging, that the report was published in November 1981, that it is 21 pages long, and that it costs $6.00 for a paper copy (PC) and $4.00 for a microfiche (MF) copy. The availability statement indicates that it is obtainable from the National Technical Information Service. If the document were available from Project SHARE or a private publisher, the statement would say "Project SHARE" or give another source and the address. The actual abstract of the document would immediately follow these citation data.

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Abstracts

301. Albuquerque Urban Observatory, NM.
Human Services Needs Assessment for the City of Albuquerque.
Apr 81, 148p
SHR-0009118 Available from Survey and Policy Research Program, School of Architecture and Planning, University of New Mexico, Albuquerque, NM 87131.

This needs assessment report for the City of Albuquerque, N. Mex., covers the following human service areas: neighborhood quality, personal and property crime, police protection, employment (including teenage employment), child care, transportation, nutrition, family and neighborhood problems, physical and dental health, and housing. A total of 4,250 persons were interviewed in November and December 1980. These persons represented a random sample of individuals 18 years of age and older living in households in the city. Results indicate that adult residents are very satisfied with their neighborhoods, although air pollution and inadequate local recreational facilities were identified as problems. Many residents had their property either stolen or vandalized in the past 5 years and consider their parks and streets unsafe at night. They expressed satisfaction with police services and dissatisfaction with child care services available to those with children. Few people are without automobiles as their means of transport, and few (4 percent) receive food stamps. Loneliness among the elderly was identified as a major or moderate problem by about one-third of the respondents. Youth drug abuse and alcohol abuse was deemed a major or moderate problem. About 1 in 10 respondents had serious illnesses or diseases that caused them to give up usual daily activity and about one-fifth lived in poorly insulated dwellings. The survey questionnaire, the needs assessment input, and problem areas for input are appended. Tables are included. Author abstract modified.

302. Aldridge, Susan Cockings.
Denver Regional Council of Governments, CO. Office on Aging.
Area Plan on Aging Services: To Promote a Comprehensive and Coordinated System of Services to Older Persons in Colorado.
1 Sep 81, 237p
SHR-0009005 Available from Denver Regional Council of Governments, 2480 West 26th Avenue, Suite 200B, Denver, CO 80211.

Intended as a statement of social policy and a guide for future action, this plan provides data on the needs of the elderly in the Denver, Colo., region; summarizes resources available to meet these needs; and analyzes problems in several service areas. A summary of the goals for the 3-year plan—October 1979 through September 1982—is presented. The report then describes the geographic, demographic, and human services resources in the Colorado Planning and Management Region III, which includes Adams, Arapahoe, Boulder, Clear Creek, Denver, Douglas, Gilpin, and Jefferson counties. Also covered are the organization of the Denver Regional Council of Governments (DRCOG) Office on Aging, administrative objectives for each year, and the process employed to develop the plan. The following components of the service delivery system are examined: health and medical care, housing and home repair, income and employment, information and assistance, legal assistance for the elderly, nutrition, and transportation. The needs of older persons based on surveys of the elderly in the region and resources to address these needs are detailed for each service area. In this context, major Federal programs that fund service agencies as well as public and private services are identified. Gaps and barriers to service delivery are also examined. The discussion of miscellaneous services considers educational and recreational opportunities for the elderly. Finally, specific action steps that will be undertaken by the DRCOG Office of Aging to meet its goals by 1982 are described. For example, a data system on the condition of older persons in the region will be developed, alternative funding sources will be explored, and contracts for in-home services will be awarded to local agencies. The plan lists specific services to be funded in fiscal year 1982 and outlines a schedule for assessing and evaluating Older Americans grants. Tables, graphs, and a glossary are included.

303. Alexander, Sharon J.
National Association of State Boards of Education, Washington, DC.
How To Be an Effective Advocate.
1981, 63p
SHR-0009191 Available from National Association of State Boards of Education, 444 North Capitol Street NW, Suite 526, Washington, DC 20001.

This manual presents principles and techniques for developing and sustaining an advocacy effort. The guidelines are based on a review of the limited amount of literature on the subject and on interviews with experienced advocates and such decisionmakers as politicians, board members who set policy, and agency administrators. The terms lobbying and advocacy are used interchangeably in the monograph. Although illustrations related to reproductive issues and adolescents are used in the text, the information presented applies to advocacy in other human service fields as well. The initial steps in organizing an advocacy effort are explained, starting with the establishment of goals by assessing the current reality and the desired situation, generating ideas on what could be done and what resources are involved, and choosing priorities for action. The importance of analyzing the system being approached, including the legislative process, the actors, and the crucial decisionmakers, is also emphasized. Steps in building a relationship with a decisionmaker are outlined, including sending information about the cause, offering to provide related information, commending the decisionmaker for actions that the lobbyist approves, spending time with the decisionmaker through public meetings or volunteer work, and contributing money to campaigns. Guidelines for effective letters, telephone calls, telegrams, and personal visits are given. The use of the media through press releases, press conferences, editorials, human interest stories, news programs and talk shows is explained. Ways to respond to difficult questions from reporters and to deal with negative media coverage are outlined. A discussion of techniques for activating a network explains the identification of a core group and the larger network, the initiation of network activities, training for action, lobbying strategies for networks, and ways to avoid the pitfalls of advocacy networks. A successful effort in Houston, Tex., to educate the general public about the magnitude and impact of teenage pregnancy on the community is described. A bibliography listing 24 references, and appendices discussing the legislative process, tax rules for lobbying by charitable organizations, the use of telegrams, and related topics are provided.

304. Alexander, Sharon J.
National Association of State Boards of Education, Washington, DC.
Suggested Services and Policies Related to Adolescent Parenthood: A Report of the Adolescent Parenthood Project.
1981, 104p
SHR-0009192 Available from National Association of State Boards of Education, 444 North Capitol Street NW, Suite 526, Washington, DC 20001.

This monograph describes the services and policies needed by pregnant adolescent parents in view of statistics showing that in the past 15 years the proportion of teenage mothers who decide to raise their children themselves has risen from 10 percent to 90 percent. Services for adolescents who are at risk of pregnancy are also considered. Agencies and organizations interested in providing services to these adolescents are urged to consider the following program components: (1) services providing such basic personal necessities as food and clothing, (2) physical health services, (3) services related to social and emotional adjustment, (4) services designed to prevent abuse or neglect, (5) activities that enhance adolescents' positive self–concepts, (6) general education, (7) employment training and job placement, (8) legal assistance, and (9) program management activities such as outreach and staff training. The steps required for implementing services are explained including assessing needs, identifying resources, setting priorities and objectives, outlining the services, enlisting support, acquiring resources, fostering community support, and implementing the program. State policies are suggested to address the coordination of intra–agency and interagency efforts, the selection and responsibilities of agency staff, the development of both general and specific services, the collection and dissemination of data, and program evaluations. The steps involved in implementing a policy are outlined. The major steps involved in initiating and managing collaboration between agencies are described and illustrated with six case examples. Tables, footnotes, nine references, and appendices presenting the study on existing programs and an example of a State interagency agreement are provided.

305. Allen, K. Kenn; Dutton, John L.; Manser, Gordon; Peterson, Linda J.; and Rydberg, Wayne D.
Aid Association for Lutherans, Appleton, WI.
Shape of Things to Come: 1980-1990. A Report From the National Forum on Volunteerism.
1980, 20p
SHR-0009171 Available from the National Center for Citizen Involvement, PO Box 1807, Boulder, CO 80306.

The future of volunteering in the 1980's is examined through discussions by a panel of experts of the critical environmental factors that volunteers must understand in their planning efforts. These factors include citizens' attitudes and values, citizen empowerment, inflation, energy shortages, demographics and lifestyles, corporate and union involvement, funding and leadership resources, barriers to volunteering, the government role, and work experience. The panelists concluded that while some of these factors were clearly dominant, such as citizen attitudes and values, empowerment, the nature of the volunteer community, and the government role, none can be said to stand alone. Rather, the factors are interrelated and must be considered as a whole when attempting to understand the environment within which the volunteer community exists. Panelists suggest that volunteering is a basic ingredient of a democracy, that politicians who understand the volunteer movement be supported, that volunteering is a route to empowerment, and that volunteerism in the 1980's will surmount its many challenges. This report resulted from the National Forum on Volunteerism, held on April 18-19, 1980.

306. American Public Welfare Association, Washington, DC.
Evaluating Federal Budget Cuts in Human Services.
1981, 62p
SHR-0009239 Available from American Public Welfare Association, 1125 Fifteenth Street NW, Washington, DC 20005.

This handbook presents a system for evaluating the impacts of the 1981 Federal funding cutbacks on the core human service programs: Aid to Families with Dependent Children, child support enforcement, Medicaid, low–income energy assistance, food stamps, and social services. The cutbacks were enacted through the Omnibus Reconciliation Act of 1981. The manual is intended for use by administrators, supervisors, caseworkers, legislators, policy analysts, planners, and citizens. The description of the evaluation framework identifies five areas in

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which evaluations should focus: budget impact, client impact, provider impact, agency and staff impact, and community impact. The four steps recommended in an evaluation include documenting the program changes as implemented by the State or locality, determining the likely impact of the changes, establishing an historical baseline showing the program's characteristics before the change took effect, and measuring the changes that are taking place. Use of both "hard data" on numbers and types of people served and program costs and "impressionistic data" from interviews, observations, and reviews of documents is recommended. Basic evaluation questions that should be raised for all types of programs and specific changes mandated for each of the core programs are presented. For example, evaluators should determine whether Federal budget cuts were passed on to recipients in the form of service reductions or whether they were offset by increases in State and local expenditures. Specific program changes mandated by the Federal legislation include numerous changes in eligibility requirements for the Aid to Families with Dependent Children program, the allowing of competitive bidding by States for laboratory services and medical devices for their Medicaid caseloads, and an increase in gross income limit for food stamp eligibility.

307. Aron, Nan.
Center for Responsive Governance, Washington, DC.
Financing Public Interest Advocacy.
30 Oct 80, 25p
SHR-0008888 Available from Center for Responsive Governance, Publications, 1100 17th Street NW, Suite 313, Washington, DC 20036.

Possible sources of current and future funding for public law firms and the implications of these sources for the work of such organizations are outlined. While the growth in the number of public law centers since the 1960's has been enormous, the income to support the organizations has increased only slightly because of such factors as recession, inflation, reduction in overall foundation funding, and a sharp counterattack from business groups. Major funding sources include foundations, which tend, however, to prefer programs with a national rather than local constituency and to avoid controversial areas; public contributions, which are no longer a leading source of public interest monies and which are not likely to benefit the disabled, prisoners, generalist public interest law firms, and smaller groups; and the government, which is the leading contributor to public interest law but which grants money only for a limited time and which generally will not fund actual litigation efforts. Attorneys' fees are an increasingly important money source; unfortunately, attorneys' fees for public interest lawyers have been assessed by judges at unfairly low rates. While the private bar has enormous resources at its disposal, the bar has been reluctant to fund public interest law. Other possible funding sources are affiliations with law schools, the membership of law school foundations, and private law firms. The high rate of inflation anticipated for the 1980's is likely to preclude real dollar giving to public interest law. But corporate sources are expected to become more attractive, if the danger of corporate control over public law activities can be kept to a minimum. The threat from aggressive business-oriented public interest law firms founded by corporations will have to be countered by coalitions of existing public law groups. Commentators offer suggestions on funding sources. Monthly Seminar Series MSS-80-10.

308. Association for the Developmentally Disabled, Columbus, OH.
Community Acceptance of Group Homes in Ohio.
1981, 29p
SHR-0009203 Available from Association of Developmentally Disabled, 1395 West 5th Avenue, Columbus, OH 43212.

This report assesses the effectiveness of the Community Education Model, developed by the Association for the Developmentally Disabled in Ohio, to improve its success in establishing group homes for the disabled in new neighborhoods. It explains why community residents opposed group homes for mentally retarded people and what tactics are useful to group home operators in reducing that objection. Questionnaires were administered to group home operators and supporters (including the disabled) and to neighbors. Neighbors tend to view the mentally retarded as childlike, are concerned over the group home's impact on property values, do not view residents as threatening, do not perceive mental retardation as a disease or hereditary, and feel that residents will eventually be able to care for themselves. They hold mixed opinions concerning the fairness of the taxpayer's burden for deinstitutionalization and the appropriateness of placing the retarded in institutions. Group home operators should be aware of these and other indicators of resistance. For instance, group homes with parking lots are more likely to experience opposition than those that use street parking; younger people show more enthusiasm for group homes than older neighbors; and transient neighborhoods offer less resistance to group homes than others. A detailed outline of the Community Education Model is included along with 14 references, notes, and a sample fact sheet.

309. Austin, Helen; and Walker, Mary.
Texas Rural Health Field Services Program, Austin.
Health Block Grants and Texas.
Jul 81, 24p
SHR-0009065 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

This paper examines the concept of block grants and then discusses problems that Texas will face in handling block grants for health services, with particular attention to programs for rural areas. A history of Federal grant activity during the 19th and 20th centuries notes that problems of overlapping program responsibilities and service gaps accompanied the enormous proliferation of grants after the 1930's. Block grants were originally conceived as one method of consolidating Federal programs and improving their efficiency. In general, block grants give more decisionmaking power to the States while categorical grants keep program control at the Federal level. Implementation of the Partnership for Health Act of 1966 in Texas is discussed to provide examples of problems that can arise in the administration of block grants. Planning for funds targeted at the establishment and maintenance of public health services was done through one agency for mental health and one agency for public health. A process was not established to include all interested persons and groups. The funds were not visible in program budgets or budgets reviewed by the legislature, making evaluation difficult. The Texas legislature is exploring ways to remedy these problems, including the establishment of a special account for any block grant funds and a State Finance Management Committee to oversee the expenditure of such monies. Because rural Texans, 21 percent of the State's population, have been neglected by health care programs, their needs must receive special attention in the planning, administration, and evaluation of block grants. Tables and 15 references are included.

310. Bass, Scott A.; Rowland, Richard; Slobodkin, Janelle Kennedy; Murtagh, Betty; and Jacob, Elyse E.
Massachusetts Univ., Boston. Gerontology Program.
Job Satisfaction of Home Care Case Managers: An Evaluative Look at One Home Care Corporation.
Feb 81, 37p
SHR-0009164 Available from The University of Massachusetts, College of Public and Community Service, Gerontology Program, 100 Arlington Street, Boston, MA 02116.

310.

This study involved interviewing and administering questionnaires to 28 case managers in the Massachusetts home care system for the elderly to identify problem areas. Data were coded and analyzed using the Statistical Package for the Social Sciences. Findings indicate that case managers like and respect their peers and supervisors, enjoy working with clients, and have freedom to plan their own work. However, they also find their duties to be boring, routine, and unrewarding in terms of pay and opportunity to experiment with new ideas. They also lack opportunities for advancement. Case managers are often frustrated in their efforts to participate in agency decisionmaking, help clients, arrange for services with providers, ensure quality service, and work with other community and State agencies. Many of these problems are interrelated. For instance, the limited leverage with social service agencies may be related to the high turnover rate among case managers. Therefore, problem areas should be approached in an aggregate and comprehensive manner. Because case managers lack authority, the role and relationship between the home care corporation and provider should be reexamined and new delivery models should be tested. Case managers also suggested that their caseloads be reduced, that more support staff be hired for typing and recording, and that release time for educational training be provided. Tables and a few footnotes are included; the questionnaires and rating forms are appended.

311. Berkeley Planning Associates, CA.
Evaluation Design Assessment of Work-Welfare Projects. Phase I: Final Report. Administrative Release of Chapter 2.
Jul 81, 150p
SHR-0008805 Available from Berkeley Planning Associates, 3200 Adeline Street, Berkeley, CA 94703.

This report reviews past programs and research relevant to the topic of work–welfare, with particular attention to State–initiated work–welfare programs. The review provides a valuable resource for identifying important welfare and employment training policy issues, selecting outcome measures for assessing program impacts, and pointing out the difficulties inherent in designing research methodologies in the employment and training field. The report presents the historical context of work–welfare programs and outlines the important work–welfare policy issues that surround both program objectives and program structure and procedures. It then provides a detailed review of manpower and work–welfare programs and a description of program content and structure. The various approaches of past State and Federal work–welfare programs and current Federal initiatives are reviewed. In addition, current State work–welfare activity is summarized, and State programs are comparatively examined regarding their objectives, service approaches, forms and levels of administrative control, targeted participants, nature of jobs, and (to the extent possible) levels of program effectiveness. Programs in the following States are singled out for review: Florida, Kentucky, Massachusetts, Michigan, Minnesota, Oklahoma, Oregon, Utah, and Virginia. A proposed typology of work–welfare programs is included. In addition, the report reviews empirically based research on the poverty and welfare populations in an attempt to summarize current knowledge on both their patterns of dependency and their employment patterns. Evidence regarding the labor force participation of the poor is reviewed here, as is research on welfare behavior and caseload dynamics. The report also addresses the issue of how employment potential is affected by the structures of the welfare system, the labor market, and the employability of recipients themselves. Also reviewed is the legal context for work–welfare programs, with summaries of the enabling and constraining provisions of relevant legislation, associated guidelines and regulations, and recent judicial decisions. Finally, the report reviews the findings of the major evaluations of work–welfare programs and discusses the strengths and weaknesses of the various evaluation methodologies. The implications of these prior evaluations are noted. Tables, footnotes, and over 100 references are supplied.

312. Bermant, Gordon.
Innovations in Communication and the Delivery of Public Services.
1978, 27p
SHR-0008597 Pub. in Jnl. of Urban Laws v55 n3 p755-781 Spring 1978.

This paper reviews two articles on the use of video technology in the criminal justice system and one analysis of the effect of local cable television on community participation in government. Advantages claimed for videotape in trials by a Michigan State University research project are examined first, including greater impact of videotaped presentations on juries compared to live presentations, recording depositions of expert witnesses, and the value of videotape as a trial record. Practical problems in using videotape in court are considered. The analysis of an article on the Phoenix Project, a video telephone system used in jails and the courtroom, covers its costs and changes in procedures that occurred because of the system's implementation. For example, the availability of the video telephone increased contacts between public defenders and their jailed clients, provided access to the police information bureau, and permitted the use of remote testimony at trials. The paper then addresses telecommunications in a different field, the New York University Reading Cable Consortium. This project was designed originally to increase senior citizens' use of social services through exposure to preventive messages broadcast through the cable. This goal was not realized, but the interactive cable concept became popular with citizens and local public officials through telecasts of the program "Inside City Hall" and public hearings. Finally, additional innovations are described, such as televising a criminal trial, managing information in the Federal courts through COURTRAN II, word processing machines, and electronic mail. Figures and 77 reference notes are provided.

313. Bernstein, Rosalie; Nortman, Lenore; Kelada, Youssef; and Catchpole, Judy. New York City Human Resources Administration. Div. of Evaluative and Applied Research.
Long Term Effects of Preventive Services: Findings From a Demonstration Program in New York City.
Feb 81, 21p
SHR-0009209 Available from The Human Resources Administration, Office of Policy and Economic Research, 71 Worth Street, 4th Floor, New York, NY 10013.

This study followed families served by Demonstration Preventive Services programs in New York City and control group families over a 5-year period. The services were provided to prevent or shorten placement of children in foster care. The case records of 82 experimental, 56 control, and 82 unsuitable (children not suited for the program) cases were reviewed in 1978, 4 years after the project began. An earlier report of the Child Welfare League of America (CWLA) found that the children in the experimental group spent an average of 24 fewer days in foster care than did control group children. Over the 4-year period of this present study, the early difference between experimental and control cases in the incidence of foster care placements increased. In 1976, CWLA reported an 8-percentage point difference between the two groups; in 1979, this study found a 16-percentage point difference. Further, by 1979, experimental children had spent an average of 5.3 fewer months in foster care than had control children. However, there were no significant differences between the two groups in the proportion of closed cases (50 percent each), timing of case closing, and closing reasons. Placement in foster care was more frequently the reason for a case remaining open among control cases than among experimental cases. To date, the effectiveness of preventive services is supported primarily for cases where the presenting problem(s) is with the parents rather than with the child. Overall, this study suggests that the effectiveness of preventive services is attributable only in small part to differences in types of services provided, since all three groups in the study received roughly the same types of services. The effectiveness of preventive services is due primarily to differences in the quantity and / or quality of services provided: a Demonstration Project worker serviced 6.2 experimental cases compared to 25 or more cases typically served by Special Services for Children workers. Tables and 23 notes are given.

314. Brodsky, Gerry; Smith, Jay C.; and Bigelow, Douglas A.
Managing the Performance of Human Service Programs in the Intergovernmental Context.
Oct 80, 22p
SHR-0009114 Available from Program Analysis Section, Oregon Mental Health Division, 2575 Bittern Street NE, Salem, OR 97310.

This paper argues that the historically difficult task of managing public service programs has been made more difficult by responsibility overlap among multiple levels of government and then describes new approaches to successful management and accountability. Strategies for improving the performance of governmental agencies have been based on private sector models that emphasize performance measurement, although public management actually differs from private management in several respects. For example, public agencies are constrained in their actions by regulations and are accountable to dependent publics. In particular, the current system of intergovernmental organization blurs responsibilities, produces few products that can be seen or valued, and impedes clear feedback on the success of agencies' efforts. Thus, a public agency's biggest job is not relating to its public or consumers, but relating to other agencies. Slippage in program purpose can be attributed to unrealistic expectations in the original legislation, proliferation of regulations, and frequent attempts of any agency in the chain to piggyback on the program the agency's own purposes or agendas. The following principles are the keys to performance improvement in the intergovernmental setting: explicit acknowledgment of the values implicit in public programs, a clear theory of action for how each agency carries out its own mission in relation to other agencies, and evaluation methods that account for the roles and interests of each agency in the funding chain. A detailed discussion of these concepts covers the chief executive's values, ways to assess the implementation of a theory of action, and examples of effective evaluations of community mental health programs. References are included.

315. Burdine, James N.; and Gottlieb, Nell H.
Texas Rural Health Field Services Program, Austin.
Community Health Assessment: A Closer Look.
1980, 18p
SHR-0009093 Pub. in Texas Rural Health Jnl. p7-24 Dec 80.

This article explores some of the ramifications of community health assessment and looks at some of the assumptions hidden in community problem–solving activities. Rothman's three models of community organization practices—community development, social planning, and social action—are contrasted and the theories of social change and assumptions underlying the three models are explored. A community health assessment is part of each of the three models, although the assessment's importance and form varies from model to model. The mix of approaches to assessing a community's health should be based on the problem solvers' awareness of their own biases, of the community's need for more information or more organization, of the existence of other resources that might supplement existing resources, and other factors. Critics of the community development and social planning approaches argue that the social action model is radically different in the root assumptions of consensus versus conflict.

Oppressed people cannot gain either by participation in a pluralistic planning body, community development process, or by rational social planning. Thus, the social planning approach of the 1960's emerges as an instrument of the State or of elites to impose order on society through planning. The outcome of such a planning process is social control. The domination of State and elite interests in social planning stems from the ownership of the process and the influence of that upon the mechanisms of planning. Thus, the health care planner or provider and the community member should be aware of the opportunities for subversion of community need. Tables and 22 references are supplied.

316. Bureau of Municipal Research, Toronto (Ontario).
Work-Related Day Care: Helping to Close the Gap.
Sep 81, 49p
SHR-0009208 Available from Bureau of Municipal Research, 2 Toronto Street, No. 306, Toronto, Canada M5C 2B6.

This study reviews day care developments in Canada, concentrating on legislation and provincial policy in Ontario. The review identifies the role that workplace day care can play in the current situation of unmet needs. Workplace and work-related day care is examined as an option in a diverse system of day care delivery, and its benefits and drawbacks are stated. Models of employer participation in day care in the United States are outlined. These include the company-community program, the individual company program, the U.S. Federal Government model, a short-term research demonstration model, and the industry-community partnership model. Canadian examples of business involvement, together with results of a questionnaire and interviews of a number of Toronto-based companies show attitudes, determine interest, and indicate the extent of current activities and commitment to the idea. The views of the employers and employees are considered, as are those of the education sector and the labor movement. Finally, a working model of workplace day care shows how day care can come about, points to the necessary elements for success, and demonstrates that workplace day care can be an affordable alternative. The study culminates in several recommendations for employers, employees, labor unions, and the day care delivery system. Tables and footnotes are given. A sample questionnaire and a sample budget are appended. Civic Affairs series.

317. Bushnell, Jon; and Pecora, Peter J.
Ohio State Univ., Columbus. Coll. of Social Work.
Wisconsin Child Welfare Training Needs Assessment Project. Final Report.
Jun 79, 274p
SHR-0008416 Available from Ohio State University, College of Social Work, Stillman Hall, Columbus, OH 43210, Attn: Nolan Rindfleisch, Ph.D.

This project developed procedures and data collection instruments for use by staff development personnel in planning and conducting assessments of worker training needs in child welfare programs on agency, regional, and State levels in Wisconsin. In addition, the project formulated procedures for developing training priorities based on the training needs data produced by the various instruments and developed methods for formulating training curricula. The data were gathered from diverse sources and analyzed to produce training need profiles by county, program area, level of education, experience, and type of client population (urban / rural). The instruments developed and tested in Wisconsin included front line worker (126 respondents from 6 county departments) and supervisor (32 respondents) questionnaires ascertaining personnel characteristics, training completed, and knowledge area training needs; a key informant survey (23 telephone interviews); and a local child welfare agency self-assessment manual and checklist (completed by 3 counties). Additional instruments were developed by Wisconsin staff but not tested. Subject areas requested by workers and supervisors ranked by mean score of importance begin with psychology of family aggression, crisis intervention, and child and adolescent psychology. General study conclusions state that a multifaceted approach to training needs assessment involving front line workers, supervisors, staff development personnel, program administrators, other human service professionals and interested community groups is essential. It is also emphasized that training need surveys should clearly relate the assessment of training needs, be free of purely academic research questions, and be as politically neutral as possible to insure their widespread acceptance and use. Tabular data and some footnotes are provided. Appendices contain the instruments developed. See also related documents, SHR-0008412—SHR-0008415.

318. Buxton, Kathryn.
Minnesota Office of the Legislative Auditor, St. Paul. Program Evaluation Div.
Evaluation of State Purchasing.
2 Apr 82, 41p
SHR-0009328 Available NTIS PC $7.50/MF $4.00

An evaluation of the purchasing function of the State of Minnesota revealed the need for significant changes in the areas of delegated or local purchasing authority for State agencies and value analysis or life cycle costing. During the 1979 to 1981 biennium, State agencies made $180 million worth of purchases through the Procurement Division of the Department of Administration and an additional $50 to $60 million in purchases directly. Several studies during the 1970's have resulted in changes that have improved State purchasing operations. However, changes are needed with respect to local purchasing authority because the $50 limitation on most direct purchases by State agencies means that a large percentage of the Procurement Division's workload continues to include small purchase orders. The cost of processing small purchase orders exceeds any possible savings. Analysis of a random sample of 300 purchase orders of $500 or less showed that the Procurement Division awarded the purchase to the vendor recommended by the agency in three-quarters of the cases, modified the specifications only 6 percent of the time, and involved proprietary items involving only one vendor in about one-fourth of the cases. Forty-five other States permit State agencies to purchase items costing more than $50 and usually permit purchases up to $500. It is recommended that local purchasing authority be increased to $500 with three informal bids required. In addition, the activities of the Standards and Engineering Section, which was abolished in 1981, should be reinstated to permit testing for the product's value over its lifetime and to correct the current underemphasis on product quality. Additional recommendations and tables are provided. Author abstract modified.

319. California State Office of the Legislative Analyst, Sacramento.
Analysis of 21 State Mandated Local Programs.
Jan 82, 146p
SHR-0009109 Available from Legislative Analyst, State of California, 925 L Street, Suite 650, Sacramento, CA 95814.

This report was prepared to fulfill the requirements of Senate Concurrent Resolution No. 58, which directed the California Legislative Analyst to evaluate selected State-mandated programs imposed on cities, counties, school districts, and special districts. It reviewed, in two parts, 12 mandates that require the largest appropriations to reimburse local governments for mandated costs and 9 mandates enacted before 1973 that were selected by city, county, and school district representatives. The review determined whether these mandates were still justified and identified mandates that should be eliminated or modified in order to achieve more efficient use of State and local funds. The 12 mandated programs examined involved workers' compensation and retirement benefits, mandatory arbitration, voter registration, and others. The nine mandates involved law enforcement records, driver training, county general relief, and more. The report recommends that in certain cases the State not reimburse local agencies for costs attributed to State law because the statute does not constitute a "true" mandate under the provisions of the Revenue and Taxation Code. State–mandated cost–of–living adjustments on pre–1973 programs should not be treated by the legislature as mandates requiring State reimbursement. The mandated voter registration procedure should be replaced with a less costly procedure, and voter registration by mail should be made optional. In other cases, the report recommends that a pre–1973 mandate be repealed because it serves no statewide interest (e.g., in the case of temporary disability), has not produced benefits sufficient to offset reimbursement costs (e.g., single–session kindergarten classes), and has unintended or undesirable consequences (temporary disability and kindergarten classes). These recommendations would increase some costs to State and local governments and reduce others. On balance, however, the combined savings could significantly exceed the costs. Tables are included. Report No. 82-2. Author abstract modified.

320. California State Office of the Legislative Analyst, Sacramento.
Phase–Out of the Developmental Disabilities Program at Patton State Hospital.
Jan 82, 33p
SHR-0009170 Available from Department of Developmental Services, Hospital Operation Division, 1600 9th Street, Sacramento, CA 95814.

This report describes the status, policy implications, and fiscal consequences of the planned phase–out of the developmental disabilities program at Patton State Hospital in San Bernardino, Calif. The program, which served 282 clients in November 1980, was one of many community–based and hospital–based services administered by the State's Department of Developmental Services (DDS) for persons with developmental disabilities. The phase–out was proposed to the State legislature because of the growing demand for acute psychiatric and penal commitment beds at Patton, the undesirability of operating a small developmental disabilities program in the midst of a growing penal commitment population, and the increasing operating costs of the Patton program relative to other State hospital programs. Therefore, DDS proposed that 123 of Patton's clients be transferred to other State hospitals and that 159 be placed in new community programs developed by the Inland Counties and San Diego Regional Centers. The legislature approved the proposal, and DDS began to phase out the Patton program in January 1981. As of November 10, 1981, 84 developmentally disabled clients remained at Patton. The number is expected to drop to 40 by January 1, 1982. The two contracts with the Inland Counties and San Diego Regional Centers are operating effectively. The conversion of community care facilities containing 149 beds to intermediate care facilities for the developmentally disabled–habilitative will probably not be completed by the target date of July 1. The phase–out program will result in ongoing general fund savings of $3.26 million annually and savings from all funds of $2.44 million annually. Current Federal policy gives the State a fiscal incentive to transfer clients to other State hospitals when closing a hospital program rather than to place them in community programs. Footnotes, tables, and a chart are provided. Report 82-1.

321. Channel One Clearinghouse Corp., Gloucester, MA.
Facilitator's Guide To Channel One (trademark) Programming.

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1981, 123p
SHR-0009199 Available from Channel One Clearinghouse Corporation, PO Box 8, Lanesville Station, Gloucester, MA 01930.

This manual is designed to help communities understand how to organize available local resources effectively for the benefit of youths, adults, and the community by using a specific process that leads to a partnership between everyone in the community. The process, known as Channel One, is a plan for organizing community resources around projects that effectively challenge the energies and creative talents of the total community into a positive program. The Channel One process began as a local experiment in Gloucester, Mass., in which young people who were invited to help a local sculptor work on his massive sculptures gained a new sense of satisfaction and found more choices for their futures than they thought existed. A more formal program emerged from this studio effort and provided hundreds of youths with entry-level job skills, school credits, and personal enrichment. The Channel One process is healthiest when characterized by strong private sector involvement, careful attention to the process of involvement by the community, and readiness to fit together a mix of resources appropriate to the project at hand. The facilitator, as leader, organizes the community by initiating meetings, recruiting partners, identifying possible resources, and keeping records. The seven steps in the Channel One process are (1) a meeting of key community leaders to help identify potential Channel One partners, (2) planning of a general approach, (3) exploration of community needs and resources, (4) identification and recruitment of steering committee members, (5) meeting of steering committee, (6) recruitment of task force members and establishment of an organizational structure, and (7) implementation of the specific plan of action. Guidelines are given for implementing each of these steps. Instructions are also given for handling relations with the mass media and for monitoring project activities. An appendix lists 52 source materials and 15 criteria for rating a project, and provides forms and worksheets. A reprint of a magazine article on Channel One is also supplied. Channel One is a registered service mark of the Channel One Clearinghouse Corporation.

322. City Club of Portland, OR.
Report on Halfway Houses: A Community-Based Alternative to the Cellblock.
1981, 38p
SHR-0009221 Available from City Club of Portland, 730 SW First Avenue, Portland, OR 97204.

This study determines the effectiveness of halfway houses in Multnomah County, Oreg., as rehabilitative tools and their impact on their residential neighborhoods. From March 1980 through June 1981, halfway houses in the county and elsewhere were studied, criminal justice personnel and local officials were interviewed, and relevant material was reviewed. Findings treat the status of halfway houses both nationally and in the county, with attention to their costs, neighborhood concerns, physical structure and location, and other factors. The study was unable to show hard data on the success of halfway house programs in rehabilitating offenders. However, interviews established that halfway houses must be more effective than incarceration because prisons and jails are not intended to rehabilitate. Halfway house managers, staff, and clients felt that their programs were worthwhile. Despite the greater expense of halfway houses in comparison to supervised probation or parole, society may benefit by the closer contact with and supervision of the offender. However, halfway houses may cause property values to fall and the neighborhood to become less safe and pleasant. Felony offenders who are nonviolent and suited for treatment within the community might benefit from halfway-in living, and offenders who have been confined for several years and need a transitional environment prior to release might benefit from halfway-out programs. Such programs should be established in the county, and further research should be conducted. A list of persons interviewed for the study, about 50 references, a glossary, and a list of county halfway houses are appended. Footnotes, tables, and a flow chart are provided. "City Club of Portland Bulletin," v62 n24 9 Nov 81 (special edition).

323. Clarke, Brenda; and Greenspoon, Rose.
Virginia Div. of Volunteerism, Richmond.
Generic Training Design for Adult Services Volunteer Programs.
1981, 36p
SHR-0009120 Available from Virginia Division of Volunteerism, 825 East Broad Street, Richmond, VA 23219.

This guide explains various training approaches for volunteers serving the elderly and illustrates their applicability through a hypothetical adult services volunteer program. The four types of training programs that volunteers can undergo are orientation, preservice training, on-the-job training, and inservice training. The content of each program in adult services is outlined, and a sample training design and schedule of events are included. A sample quiz handout for the orientation sessions and a video tape script on the characteristics of older and disabled people are provided. Myths and facts about disabilities of which volunteers should be aware are outlined as part of any training program, as are sample problems volunteers will face. Video tape role play situations, suggested exercises on listening as a part of relationship building, and a communications experiment are included. Factors that influence the adult learner (i.e., relevancy, involvement, flexibility, etc.) are mentioned, and methods to facilitate learning (role play, small group discussion, case study, demonstration, etc.) are explained.

324. Cohen, David.
Center for Responsive Governance, Washington, DC.
Open Government and Citizen Participation.
17 Jul 80, 24p
SHR-0008873 Available from Center for Responsive Governance, Publications, 1100 17th Street NW, Suite 313, Washington, DC 20036.

This address discusses how the Freedom of Information Act (FOIA) and the Sunshine Act promote citizen participation in the Federal policy process and proposes changes that will enhance the effectiveness of the laws. While such access legislation is expensive in terms of administrative efficiency, time, and real costs and may have unanticipated consequences, such statutes are essential to democratic processes. The Freedom of Information Act gives the citizen-participant the right to examine the factual basis for agency decisions. Procedures governing administration of the law must be designed to permit an individual of average means to pursue his or her request effectively without retaining a lawyer. Maintaining a rigorous time limit for complying with requests and promptly providing the requestor with information concerning withheld documents are procedural changes in the law that would facilitate use of the law by citizens. Costs borne by agencies in performance of their FOIA functions could be recovered from corporations and their agents who use the act to obtain mailing lists or business information. Although the law has been criticized by corporations and law enforcement agencies because of their needs for secrecy, access to records is essential to maintain accountability. Some of the problems of the act could be eliminated through fuller disclosure policies among agencies. The Sunshine Act theoretically permits citizens to be present when agencies reach decisions, but the potential of the act has not been realized. Many agencies have been reluctant to open their meetings to the public. They must be creative and aggressive in giving notice of their meetings, to conduct meetings without using jargon, and to undertake meaningful transactions rather than pro forma exercises. Citizens are encouraged to pressure agencies into meaningful compliance. Comments of commentators and a list of attendees

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are supplied. Monthly Seminar Series MSS-80-07.

325. Colombo, Louis; and Cantwell, Gio.
Albuquerque Urban Observatory, NM.
Final Report of the OCETA Job Prep Research Project.
Jun 81, 157p
SHR-0009119 Available from Survey and Policy Research Program, School of Architecture and Planning, University of New Mexico, Albuquerque, NM 87131.

This research project of the Albuquerque Office of Comprehensive Employment and Training Administration (OCETA) of New Mexico was conducted to modify the existing job preparation training for certain OCETA participants. A literature review was conducted, OCETA participants and their supervisors were interviewed, and job preparation training materials were evaluated to determine how to improve the OCETA program. Survey results indicate that OCETA participants were ill–prepared in terms of job–seeking skills, particularly those who were males, younger workers, those with less education than a high school diploma, and those who had not received OCETA skills training. Males, older participants, and participants with less than a high school diploma expressed greater discouragement in their job–seeking efforts than others. OCETA participants in public service jobs were given favorable evaluations by their supervisors, particularly if they were women, nonveterans, and Anglos. The data indicate that greater emphasis and resources should be expended on training OCETA participants in job–finding skills than in job–keeping skills. All OCETA participants require more effective job preparation training; an experienced job preparation training organization should be employed to conduct the training. A job training program should consist of a short, but intensive, job preparation course focused on job–seeking skills and a "job club" type of training for learning job finding and job–keeping skills and for obtaining employment. Evaluation research should be incorporated in job preparation program changes. Survey questionnaires, the research design, and other material are appended. Tables are included.

326. Community Service Council of Metropolitan Indianapolis, Inc., IN.
Community Assessment and Recommendations Concerning Child Abuse and Neglect in Marion County, Indiana.
Nov 81, 190p
SHR-0008950 Available NTIS PC $16.50/MF $4.00

The recommendations presented in this report represent the results of a study that assessed the problems of child abuse and neglect in Marion County, Ind. The purpose of the project was to identify the changes needed in order to implement a unified, community approach that responds to the problem of child abuse and neglect in the most efficient and effective manner possible. The study consisted of two 3–month phases during which time the nature and extent of child abuse and neglect in the county were examined, the functioning of the current system was assessed, and the development of a coordinated approach for the prevention and treatment of child abuse and neglect was considered. One work group participating in the study suggested adopting criteria for identifying families at risk for abuse or neglect using interagency referral forms and developing a list of available resources. The work group concerned with crisis intervention, investigation, and court processing suggested providing feedback to professional reporters, decreasing court processing time, and amending the provisions governing termination of the parent–child relationship. The treatment work group is concerned with implementing a case management system for the county, improving and increasing the delivery of needed private services, and improving funding of child abuse and neglect services by using title monies to the maximum. Finally, the work group on education and training suggests establishing a resource center and coordinating education and training for professionals, volunteers, and the community at large in the areas of child abuse and neglect. Supplementary information is appended to each work group's report. Prepared by the Child Abuse and Neglect Task Force.

327. Congdon, David M.; Conley, Sheila C.; and Duecker, James A.
Grant-Blackford Developmental Center, Marion, IN.
Part, Not Apart: A Systematic Approach to Integrated Recreation and Leisure for Developmentally Disabled Adults.
Sep 81, 147p
SHR-0008872 Available from Grant-Blackford Developmental Center, 2724 South Cary Street, Marion, IN 46952.

This manual offers help to professionals and organizations working with developmentally disabled individuals to improve their recreation and leisure programs. The experience-based material evolved over 4 years in a community agency serving developmentally disabled adults. The approach represents the normalization philosophy and emphasizes participation and integration with the mainstream. It is suggested that recreation and leisure skills should be treated in the same manner as other skills to be learned, such as self-care, consumer, and work skills. Further, the approach seeks to deemphasize the therapeutic nature of leisure activities in favor of enjoyment; to offer less childlike activities to adults and reduce the image of the eternal child; to desegregate activities in the community; and emphasize the abilities of the disabled and their similarities to the mainstream. The manual addresses client assessment, resource assessment and development, maintenance and generalization, written program dimensions, and instructional suggestions and describes successful programs. Among the activities described are Atari video games, card games, indoor gardening, movies, music appreciation, photography, spectator football, and others. Appended are 12 annotated references.

328. Dea, Kay.
National Association of Social Workers, Washington, DC.
Perspectives for the Future: Social Work Practice in the 80's.
1980, 192p
SHR-0008593 Available from National Association of Social Workers, 1425 H Street NW, Washington, DC 20005.

Fifteen papers from a 1979 symposium sponsored by the National Association of Social Workers focus on the value dilemmas, changing social needs, and emerging technologies that are expected to characterize social work practice in the 1980's. Among the emerging societal forces discussed are the politics of competition in a period of economic decline, the public's tax revolt, inflation, and the continued struggle to achieve equality for minority groups and women. The trends toward increasing specialization and a proliferation of special interest groups within the social work profession are delineated, with emphasis on the implications for the education of social workers. Changes in the organizational system through which social work services are provided are examined, including the increasing organizational complexity of human services, shifts in traditional boundaries between program sectors, the targeting of tax-supported social services to low-income households, an emphasis on implementation of policy rather than on policy initiation, and an increased role for social care services. Four future scenarios developed by the National Association of Social Workers Commission on the Future of Social Work are summarized. The effects of the economic and political systems and the basic value patterns of society on social work practice are discussed. Specific problems and interventive strategies examined include the

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setting of objectives in the human service agency, the role of case management in public child welfare, legal and ethical issues related to informed consent, and family violence. Additional topics include the use of running or other vigorous exercise as a form of therapy, family support systems and unmarried teenage mothers, adoptive services for blacks, and the central role of social work in the mental health services. Tables and chapter reference notes are provided. Selected Papers from the Sixth NASW Professional Symposium on Social Work, November 14-17, 1979, San Antonio, Texas.

329. deLoayza, Winifred; and Salsberg, Linda Simkin.
New York State Council on Children and Families, Albany.
Comprehensive Adolescent Services: State-of-the-Art Report.
Oct 81, 157p
SHR-0009251 Available NTIS PC $15.00/MF $4.00

This report describes a sample of comprehensive service programs for juveniles, including community-based organizations or agencies serving abused and neglected youth as well as other special needs groups. Information was gathered through mail surveys to programs in the New York area and throughout the country that provided services to noninstitutionalized youths, 12 to 21 years old. A total of 153 programs responded to the first questionnaire, and 88 returned the second instrument. The description of these programs focuses on the array of services provided, organizational characteristics, types of clients, staffing patterns, governance, and youth participation in services planning and delivery. Six program models were identified on the basis of this information: the basic needs model, the interactive needs model, the coping skills model, the skills / interactive model, the linkage model, and the complex model. These models provide a way of classifying existing programs. The classification scheme enables planners to conceptualize programs in terms of their structural capacity for comprehensive services provision. The findings suggest that there are many comprehensive community service programs currently providing services for adolescents. These programs are located primarily in urban areas, with lower prevalence in suburban and rural areas. They provide a variety of services, primarily in the social / emotional adjustment area. Counseling appears to be the most popular method for helping adolescents. The programs also help youth to access services from other providers. Illustrations and tables are included. Appendices include definitions of variables used, a services taxonomy, study criteria and survey instruments, and other information. Eleven references are provided.

330. Delta Inst., Torrance, CA.
Treating the Kids Nobody Wants: A Survey of Innovative Treatment Programs for Seriously Delinquent Youth.
18 Aug 81, 82p
SHR-0008797 Available from Delta Institute, 22850 Crenshaw Blvd., Suite 200, Torrance, CA 90505.

This report makes recommendations to the San Diego County Juvenile Court (California) for dealing with serious juvenile offenders in some manner other than committing them to the California Youth Authority. The report is based upon onsite visits to some of the Nation's best delinquency programs and a review of academic and professional literature on the subject. Among the programs visited were Synanon, Tomales Bay, Calif.; Delancey Street, San Francisco, Calif.; VisionQuest, Tucson, Ariz.; and Elan, Poland Springs, Maine. Synanon, Delancey Street, and Elan are therapeutic communities. VisionQuest and another program, Southwest Martial Arts Association, are adventure experience programs. Two other types investigated were clinical programs and educational programs. The report recommends that the court move in the direction of developing a network of relatively small, private programs that can be placed in competition with each other for public funds. These programs should be innovative and should be able to guarantee the safety of the public and the youths. Thus, they should be safe, creative alternatives to incarceration. An appendix profiles the Delta Institute.

331. Department of Housing and Urban Development, Washington, DC. Office of Community Planning and Development.
Community Development Block Grant Program: Sixth Annual Report.
Jul 81, 414p
PB82-175118 Available NTIS PC $30.00/MF $4.00

This report provides an analysis of the activities communities have undertaken to meet the purposes and legislative objectives of the Community Development Block Grant (CDBG). It also assesses program performance relative to program issues. The primary source of data used in the analysis comes from the CDBG Evaluation Data Base. In 1980, the CDBG program received $3.8 billion. Most of the funds ($2.7 billion) were provided through the Entitlement Program to Entitlement Cities and Urban Counties. The rest of the funds went to Small Cities, the Secretary's Discretionary Fund, and the Financial Settlement Program. The total amount appropriated by Congress since 1975 was $19.6 billion. CDBG appropriations increased every year for the first 6 years of the program but declined by 2.2 percent between 1980 and 1981. The funding for Urban Counties and Small Cities increased substantially. Entitlement Cities, Urban Counties, and Small Cities all spend the bulk of their block grant funds on public works and housing rehabilitation. Most entitlement funds were devoted to conservation and expansion of the local housing stock and neighborhood conservation. Low-income and moderate-income census tracts continued to receive most of the CDBG Entitlement Program funds. The report also gives some of the accomplishments entitlement grantees realized using their CDBG funds. Also discussed are expenditure rates, contract conditioning, neighborhood strategy areas, economic development, and planned housing assistance. Tabular and graphic data are provided. The appendix is a compendium of tables and figures presented in a standard format to provide the user with more indepth information than in the text. The appendix covers general program funding patterns, CDBG program purposes, CDBG program accomplishments, expenditure rates, housing assistance plans, neighborhood strategy areas, contract conditioning, and economic development. An index of appendix tables is included.

332. Drob, Judah; Sager, Alan; Sunderland, Stephen C.; and Davis, M. Virginia.
Mutual Self Help Over Time: Can It Aid the Elderly.
Feb 80, 13p
SHR-0008813 Available from Levinson Policy Institute, The Florence Heller Graduate School, Brandeis University, Waltham, MA 02254.

This paper sketches how an emergency or longer term system of mutual self-help might operate to help the elderly and explores the questions that arise in considering whether such a system might be feasible. It considers the three kinds of problems in the delivery of adequate home care under organized public programs: cost, worker availability, and quality. It argues that the self-help plan engenders decent care in three ways: (1) workers and recipients are likely to share similar backgrounds and thus would not scorn such work; (2) workers and recipients would have known each other, thereby helping to overcome strain; and (3) assistance would carry strong elements of mutuality and reciprocity because recipients are former helpers. The stimulus for an ongoing system of mutual aid would come about if persons with the capability of helping others could know that when they needed help in the future they would be able to obtain it in exchange for services they render now. Such a system would require a

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medium of exchange by which persons helping now could stockpile their good deeds and a means of guaranteeing that the markers they had accumulated would be honored at some future date. A sponsoring organization, such as a church or union, would be required to assure availability of people at different age levels and continuity of operation. The guarantee to persons for services provided might be sought from government on the model of loan guarantee programs now in existence or might be provided by collection of small fees or periodic contributions from the sponsoring organization to build a guarantee fund. Considerations regarding professional versus volunteer service delivery and overuse versus restraint of the proposed exchange of services are also discussed.

333. Eckerle, Ronald; Fagnani, Carol; Foley, Michele J.; and Kautz, Eleanor S.
Catholic Social Services, Dayton, OH.
Community Living Project: Implementation of Contract Model of Community Care for Impaired Adults.
May 81, 95p
SHR-0008826 Available from Catholic Social Services, 922 West Riverview Avenue, Dayton, OH 45407.

Catholic Social Services of the Miami Valley in Ohio developed a program of community care placements for impaired elderly who could not live independently but did not require nursing care. A needs assessment of physical, social, emotional, and personal care requirements of referred clients was made. Caregivers were recruited, trained, and selected for their suitability in offering a safe, healthy, and nurturing environment for elderly adults. Clients were matched with caregivers through a series of home visits involving an active choice of client and caregiver. A written contract of care defined responsibility of all parties and linked clients with necessary support services. Contracts were renegotiated every 90 days or in accord with changing needs. Clients were replaced in other settings in the community or in institutional care if required. The Older American Resource Survey (OARS) instrument was administered prior to placement and at 6–month subsequent intervals. This was used to measure client functioning and provided a rating on social resources, economic resources, mental health, physical health, and activities of daily living. These data over the 2–year span of the study were used for program evaluation. Results indicated that elderly needing caregiving and health services who lacked financial and social resources benefited from community care placements. The model proved effective in maintaining the elderly in such settings. Guidelines for program development were written. In planning such programs, agencies / organizations should consider community acceptance, minimum standards of care and services, adequate staffing, and ongoing program support. Tables, figures, footnotes, and a bibliography of about 90 references are provided. Appendices give adult foster care forms and guidelines for program development. Author abstract modified.

334. Ellis, Susan J.; and Noyes, Katherine H.
Energize, Philadelphia, PA.
No Excuses: The Team Approach to Volunteer Management.
1981, 63p
SHR-0009341 Available from Energize, Lobby A, 5450 Wissahickon Avenue, Philadelphia, PA 19144.

This manual provides guidelines for using the team approach to volunteer management, based on the finding that directors of volunteers have many other responsibilities in addition to volunteer administration and are not full–time directors of volunteers. The ideas presented have been used successfully in both large institutions and small, all–volunteer organizations. Directors of volunteers range from part–time volunteers or professionals who manage volunteers as their sole responsibility to full–time professionals with many roles including that of volunteer director. A comprehensive definition of the role of director of volunteers is provided to enable volunteer coordinators to identify the management tasks that need to be shared with others. The attitudes necessary for a successful volunteer program are listed, including a belief in the value of volunteers, recognition of people's potential capabilities rather than their formal credentials, the desire to make the program work to its fullest potential, openness to the diversity of volunteers, willingness to speak for the rights of volunteers, and enjoyment in working with volunteers. Methods of determining how the volunteer coordinator and the volunteers fit into the overall program of the institution or agency are discussed, with emphasis on the need to define the chain of command, expectations of volunteers, the budget and resources for the volunteer program, and the scheduling of a status review of the volunteer program. Ways to develop a management team through enlisting the cooperation of secretaries, receptionists, switchboard operators, custodial staff, the board of directors, the executive director, supervisors, and others in the organization are defined. The guidelines also cover such other coordination issues as contacts with supervisors, meetings, and committees. Advice is also given on such leadership skills as delegation, communication, and supervision. Appendices provide a task analysis for the volunteer manager and worksheets for determining possible collaboration partners, potential donors, and sources of prospective volunteers. Volunteer Energy Series guidebook.

335. Elman, M. D.; and Moore, M. L.
Social Services Research Inst./Welfare Research Inc., Washington, DC.
Improved Social Services to Families With Developmentally Disabled Children Through Training and Technical Assistance to Caseworkers: Preliminary Utilization and Policy Paper.
Nov 81, 36p
SHR-0009088 Available from Social Services Research Institute, 1015 18th Street NW, Suite 810, Washington, DC 20036.

This report describes a project designed to coordinate the activities of and train caseworkers in Kentucky to be more responsive to the needs of families with developmentally disabled children. To develop and implement a model training program for Title XX and Title IV-B social services personnel, advisory committees were established to aid in planning activities, develop a knowledge base regarding the nature and delivery of services to families of the developmentally disabled, and conduct a literature review. A survey of the 50 State agencies responsible for administration of Title XX and Title IV-B monies was conducted to determine the extent of States' levels of activity in such programs. A caseworker training survey to identify their problems was also administered. Training programs for social workers were then conducted at two residential sites in Kentucky. Technical assistance will be provided to them. Survey results indicate a lack of focus on the family's role in service delivery, negative public attitudes toward the handicapped, the need for advocacy on behalf of handicapped persons, and the effectiveness of local control of services. Alternative living arrangements and respite care were deemed nationwide problems, as well as behavior management, transportation, and educational placement. Changes in eligibility requirements, in legislation and regulations, and in outreach efforts are recommended. The training program developed in Kentucky has been well accepted by caseworkers. Implications of the report for policymakers and its application to service providers' work are mentioned. Four references are included.

336. Embley, Sally.
Human Services Planning Council of Schenectady County, Inc., NY.
Report of the Task Force on Displaced Homemakers in Schenectady County.
Jun 81, 50p
SHR-0009185 Available from Human Services Planning Council of Schenectady County, Inc., 432 State Street, Room 220, Schenectady, NY 12305.

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This study interviewed 590 randomly selected women in Schenectady County, N.Y., to identify the special needs of the displaced homemaker returning to the work force. A profile of the displaced homemaker shows that little difference exists in educational levels among women in the sample. More displaced homemakers were in the aged 35 to 39 group than in any other age group. Patterns of employment were similar, except for the urgent need to find work. Job training, emotional / psychological support, and legal aid were the services most needed by women in crisis. Recommendations of the Displaced Homemakers Task Force include (1) development of a women's network in Schenectady County to provide support and information related to jobs and (2) increased communication on the subject of displaced homemakers with area businesses, women's groups, and professional organizations. Other recommendations are establishment of a dialogue with personnel staff of area businesses concerning the specialized problems of women in the work place, implementation of a series of at least three open workshops on topics related to women and work, and continued monitoring of State and Federal legislation related to displaced homemakers. The study was followed by a full-day conference of issues of women returning to the work force and the establishment of a women's NETWORK where women meet monthly to discuss their common concerns about work and job opportunities. Tables are supplied. Appendices include a list of available community resources, the questionnaire, task force committee lists, publicity materials, and the luncheon-discussion program.

337. Falcone, Angela R.
Michigan Office of Services to the Aging, Lansing.
Long-Term Care Information System Assessment Process.
Feb 81, 116p
SHR-0008945 Available from Colonial Press (LTCIS), 420 East Saginaw, PO Box 17011, Lansing, MI 48901.

This guide describes a comprehensive assessment tool for individuals in need of long-term care and a mechanism for translating this information into projections of service need in terms compatible with the computerized Human Services NETWORK of providers. An overview of the Long-Term Care Information System (LTCIS) covers its design, objectives, and uses in a variety of referral activities. The first four pages of the LTCIS six-page assessment form record information on an individual's sociodemographic characteristics, medical status, functioning status, and services being received that should be collected from medical records and interviews with family and medical personnel. The fifth page outlines a process for translating assessment data into service needs that may be completed by social service, discharge planning, clerical, or nursing personnel. The last page provides space to record physician's orders for care at sequential points in time as required for the ongoing delivery of health care. This manual presents each page of the assessment form separately with a detailed description of its content and instructions for completion. All items are defined, and persons who should provide the data are identified. The appendices contain a coding manual, a description of the Human Services NETWORK, and extra assessment forms. Six references and an index are included.

338. Fallen, David L.; Apperson, Craig D.; Hall-Milligan, Joan; and Aos, Steven.
Washington State Dept. of Social and Health Services, Olympia. Office of Research.
Intensive Parole Supervision.
Oct 81, 73p
SHR-0008996 Available from Dept. of Correction, Division of Community Services, Intensive Supervision Program, PO Box 9699, Olympia, WA 98504, order number 01-09.

This report describes the methods, screening criteria, and outcomes of the Intensive Parole Program, initiated in June 1976 in Washington, to provide a well-structured alternative to lengthy incarceration for low-risk felons. The project was based on the assumption that low-risk felony offenders could be released early in the community at no greater risk and at a lower cost than other offenders. Low-risk offenders were identified through an extensive screening procedure and released after an average incarceration of 3 months to the supervision of a specially trained intensive parole supervision officer who had a maximum caseload of 20. The final evaluation was conducted on the first 289 offenders released. There was a minimum of 6-months' followup for all offenders. A comparison group of 102 offenders, paroled on regular parole supervision, was also established. Candidates for the program were screened against the following criteria: level of risk to the community, potential to respond to the program, nature and extent of alcohol or drug abuse, and other factors. The results suggest that intensive parolees can be supervised in the community at no greater and possible even less risk than other offenders. Possible reasons why the recidivism rate for intensive parolees decreased as a result of the program include the likelihood that these parolees were afraid of detection for new crimes as a result of increased supervision, that parolees were not incarcerated long enough to learn the skills or adopt the values of other prisoners, and that these parolees whose parole was revoked for technical violations were screened out of the program. The program was also shown to be less costly than regular parole. Tables are included and appended materials include sample project forms and measures used. Report no. 01-09.

339. Federation of Protestant Welfare Agencies, Inc., New York.
Funding Volunteer Services: Potential Sources of Dollars to Expand Agency Programs.
1981, 24p
SHR-0009294 Available from Federation of Protestant Welfare Agencies, 281 Park Avenue South, New York, NY 10010.

Representatives from a business corporation, a social service agency, a foundation, and a Government funding program discuss the effective use of volunteers and how that activity can enhance a voluntary agency's potential for attracting dollars to augment services. Corporations tend to support their own employees who are active in community service and to depend upon volunteers' observations of their organization's effectiveness in deciding whether or not to contribute. Social service agencies should consider developing training models with the participation of volunteers, offering emotional support to volunteers, and keeping them informed about what is needed. In addition, programs should be aware that foundations employ specific criteria when looking over proposals for programs with moderate to extensive volunteer components. Programs should clarify volunteers' roles and recognize that volunteers have substantial impact on a program. The Federal funding picture for volunteer programs related to social services is bleak, although some Federal monies are available. To obtain Government money, programs must shift direction to fit Government requirements, devote time to finding the money, and devote time to narrow administrative issues. Future trends may signal a turn toward volunteer involvement in Government programs. A panel discussion concludes the text. This booklet presents a summary of the proceedings of the Forum, which was a highlight of the 1980 Annual Meeting and Luncheon in New York, April 30, 1980.

340. Fiedler, Fred P.; and Nelson, Hal.
Washington State Dept. of Social and Health Services, Olympia. Office of Research.
Follow-Up Study of Assistance Cases Closed as a Result of AFDC-E Program Termination. Final Report.
Jan 82, 10p
SHR-0009097 Available from Department of Social and Health Services, Office of Research, OB-34A, Olympia, WA 98504, order number 06-17.

340.

This report assesses the short-term effects on former recipients of Aid for Families with Dependent Children-Employable (AFDC-E) in Washington State 7 months after the program was terminated by legislative action, effective February 1981. A random sample of 738 cases was drawn from the 7,758 terminated AFDC-E cases, and information was collected by telephone and face-to-face interviews with 531 clients. The typical case included 2 adults who both had low educational levels; each household had an average of 2.4 children. About two-thirds of the cases had been opened when the wage earner had been laid off or fired. Analysis of data on household changes showed that 9 percent of the families had moved out of the State, half had moved an average of 1.7 times, and that over 15 percent of the marriages had dissolved. After the AFDC-E program closed, some recipients were eligible for other types of public assistance. The survey indicated that 78.8 percent had received food stamps, 51.8 percent had used Medicaid coupons, and almost half had received some cash assistance from other emergency programs. Between March and September, 25.5 percent of the former AFDC-E cases reopened as AFDC-R cases, the State's basic welfare program for families deprived of an able-bodied breadwinner. Data on employment revealed that 31 percent of the families had a working member on March 1 and 51 percent had a working member on August 31. However, between one-third and one-half of the working families were supported by only one part-time job, with much of the employment being temporary. A total of 22 percent found no work during this period. Respondents reported using several other sources to supplement income, including veterans' benefits, unemployment compensation, and help from relatives. In the short run, half the families received an income that exceeds the AFDC standard of needs, but their long-term job prospects are poor and cash flow problems are likely to increase. Tables are included.

341. Flanagan, Joan.
Stone (W. Clement and Jessie V.) Foundation, Chicago, IL.
Successful Volunteer Organization: Getting Started and Getting Results in Nonprofit, Charitable, Grass Roots, and Community Groups.
1981, 376p
SHR-0009240 Available from Contemporary Books, Inc., 180 North Michigan Avenue, Chicago, IL 60601.

Interviews with hundreds of successful leaders of community organizations were used as the basis for this text on how to start and operate a successful volunteer organization. The book is intended for use by the leaders of such organizations. Step-by-step advice is given on starting a new tax-exempt nonprofit corporation. Guidelines are given for making sure the community wants the organization, for formation of a planning committee, for the choice of a structure, and for the establishment of dependable funding. Sources of free professional advice and the legal work necessary to establish the organization are also covered. Advice is also presented for organizations that are already operating but that have not finished all the necessary legal work. Ways to build a self-sufficient organization with loyal members, popular programs, and a reliable income are also delineated. Methods of making meetings fair and effective, the use of the publicity committee, the role of paid staff, and the need to adapt to constant change are discussed. Tested advice on the administration of a nonprofit organization is provided, with emphasis on the jobs of secretary and treasurer, the provision of budgets and financial reports for the board, the role of annual reports and audits, and the use of calendars and time lines to gain control of both funds and workloads. An annotated bibliography lists over 100 sources. The names and sources of publications from the U.S. Internal Revenue Service are also listed. Figures, tables, chapter notes, and an index are also provided. Author abstract modified.

342. Florida Citizens' Commission on Alcohol Abuse, Tallahassee.
Positive Alternatives Program: Plan of Operation.
Jul 80, 97p
SHR-0009256 Available from National Council on Alcoholism, 902 North Gadsden Street, Suite 202, Tallahassee, FL 32303.

This document presents a detailed plan for recruiting, screening, selecting, and training volunteers for Florida's Positive Alternatives Program, an effort to educate older adults about alcohol and drug abuse and then use them as program volunteers. A recruitment plan contains job descriptions, the numbers of volunteers needed, appropriate places to recruit, strategies, and tools such as speeches and news releases. The discussion of the selection process focuses on interviewing potential volunteers and includes sample applications and other useful forms. An orientation program is outlined that can be completed in one 4-hour session. Problems facing the older adult, alcohol abuse, drug misuse, causes of stress, and recreational alternatives for the elderly are among the topics covered. Lists of films and references are included, along with speeches on the medical consequences of alcohol and drug abuse, retirement, and stress. Also provided are publicity materials on the Naples, Fla., project and summaries of meetings held by the Florida Citizens' Commission on Alcohol Abuse. An evaluation component is described that addresses achievement of program objectives, volunteer training, and the impact of community education sessions. Volunteer report forms and questionnaires are appended.

343. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Children's Protective Supervision: Program Evaluation.
17 Aug 80, 122p
SHR-0008502 Available from Department of Health and Rehabilitative Services, Office of Evaluation, Room 420C, Bldg. 1, 1323 Winewood Blvd., Tallahassee, FL 32301.

This study surveys district Protective Supervision (PS) staff in Florida in order to identify factors that may be constraining the effective delivery of PS services (e.g., staff training, unmet client needs, case planning, etc.), to assess casework quality and the extent of compliance with policy and law on selected items, and to evaluate the State program office operations. In addition, the study compares Florida's PS program in terms of organization, staffing, funding, client population, staff training, and program monitoring with similar programs in 47 other States. The study found that PS workers need more training in providing PS services, especially in terms of counseling parents and adolescents, performing legal / court activities, and case management. Florida conducts less PS training than other States and service quality has suffered as a result. Florida's PS program has received, on the average, less funding and staffing than other States. Current caseloads are above recommended levels to do an effective job. Client needs are often not assessed well at the direct service level. Only a few innovative program improvements have been developed, such as the Homebuilders Program, although the need for many more improvements has been great. The PS program has not been sufficiently emphasized, given its potential for less costly intervention with clients during early contacts with the department. Monitoring by State staff, while thorough and conscientious, has been conducted too infrequently over the last 5 years. Further, corrective action plans have not been developed for all the negative monitoring findings. Case file documentation is generally deficient, due to a lack of worker training and burdensome casework activity. State program office files need organization to be effectively used. Finally, more thorough client information is needed at the State level for pro-

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gram planning. Without this information, proactive directions for the program cannot be determined. Tables, footnotes, and appended forms and checklists are supplied. Report E-80-11. Author abstract modified.

344. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Florida's Community Care for the Elderly Program. Evaluation Report (Phase III).
30 Dec 81, 56p
SHR-0009194 Available from Department of Health and Rehabilitative Services, Office of Evaluation, 1317 Winewood Boulevard, Tallahassee, FL 32301.

The final volume in a three-part evaluation of Florida's Community Care for the Elderly (CCE) program, this report describes the results of a followup study of clients after a year in the program. The CCE program provides homemaker, respite, chore, day care, home-delivered meals, medical transportation, and health maintenance services for the elderly in 44 of Florida's 67 counties. This study selected and stratified a sample of clients in January 1980 based on district and average CCE caseloads and then tracked and reassessed 227 of these individuals in January 1981. Within this group, 30 had died, 84 had discontinued services, and 113 remained in the program. Analysis of data on persons remaining in the program showed that CCE appeared to prevent hospitalizations or limit them to one per year. Improvements were seen in eight medical conditions, and some clients improved their self-sufficiency. The client profile did not change significantly over a year's time, and a random sample of new clients taken in January 1981 reflected the original profile. Most participants were white females, and 75 percent were 70 years or older, indicating that the appropriate target group was being served. The study found that clients left the program for three main reasons: entering a nursing home, moving from the area, or improved condition. An assessment by six Medicaid Utilization Review Committees of the 1981 sample of new clients concluded that 42 percent would need nursing home care immediately if community care was not available. Tables and recommendations for improving CCE services are provided. The appendices contain a client assessment form, rating scales for clients' functioning dimensions, and CCE core services dimensions. See also Phase I, SHR-0008501; Phase II, SHR-0009195. Report E-81-14. Author abstract modified.

345. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Florida's Community Care for the Elderly Program: Management Study. Evaluation Report (Phase II).
30 Dec 81, 118p
SHR-0009195 Available from Department of Health and Rehabilitative Services, Office of Evaluation, 1317 Winewood Boulevard, Tallahassee, FL 32301.

The second volume in a three-part evaluation of Florida's Community Care for the Elderly (CCE) program, this report focuses on program and management issues and outlines recommendations in the areas of communication, coordination, and finances. The CCE program provides homemaker, respite, chore, day care, home-delivered meals, medical transportation, and health maintenance services for the elderly in 44 of Florida's 67 counties. This evaluation covers the period January 1980 through June 1981 when increased funding allowed the program to expand considerably. Evaluation teams surveyed staff in a sample of 21 lead agencies, all 11 District Program Offices of Aging and Adult Services, and 11 Area Agencies on Aging (AAA). Financial management reviews were conducted in four districts. Although the districts and the AAA's indicated that communication was very good, the evaluation attributed some problems in conflicting decisions and duplication of responsibility to a lack of effective communication. Clients had few complaints about the program, and those that were voiced were handled by case managers. Turnover rates for program staff were low, and a survey of direct service employees reported high morale and high levels of job satisfaction. Over half of the lead agencies had client caseloads that were well over the recommended average, and most agencies had waiting lists for both assessments and services. Case managers indicated that the most needed services were live-in or visiting companion, respite care, and homemaker and home health aide services. The financial review showed that CCE was generally operating within compliance, but technical changes were needed for agencies to follow acceptable financial procedures. Other areas assessed included data collection, training, program needs, and contracted versus noncontracted case management costs. Tables and definitions of core services are provided. See also Phase I, SHR-0008501; Phase III, SHR-0009194. Report E-81-13. Author abstract modified.

346. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Programs for Emotionally Disturbed Children and Adolescents. Volume 2: The Clients.
11 Dec 81, 206p
SHR-0009193 Available from Department of Health and Rehabilitative Services, Office of Evaluation, 1317 Winewood Boulevard, Tallahassee, FL 32301.

This report presents demographic, behavioral, and treatment data on emotionally disturbed children and adolescents served by a variety of outpatient, day treatment, and residential programs in Florida. Researchers collected information from a random sample of 427 client case files in 37 different programs during February and March 1981. Variables examined were demographics, diagnoses, handicapping conditions, intelligence levels, academic problems, previous placement, reason for referral, referral source, time in treatment, discharge status, and medication. The report first provides detailed descriptive analyses for the full sample and then presents its findings broken down by program type. The age group most represented in the sample was 11 to 15 year olds, and males constituted 72 percent of the total group. There were more than 15 different diagnoses found in 325 client records, but the most frequent categories were adjustment disorders at 20 percent, conduct disorders at 18 percent, and schizophrenic disorders at 14 percent. The most frequently found handicapping conditions were learning disabilities and substance abuse. About 80 percent of the 200 cases for whom data were available were performing below grade level in basic skills. Almost half the sample had been referred by the Department of Health and Rehabilitative Services, while 21 percent had been sent by schools or 19 percent by parents or guardians. Half the clients' families earned less than $10,000 per year. The most notable findings of the study were the large amount of data missing from records, sometimes on critical variables, and the variability encountered on many client descriptors. Tables and the survey instrument are included, along with a list of programs surveyed, diagnostic criteria, and costs of the data collection effort. Report E-81-11.

347. Friedrich, Nancy.
Virginia Mason Hospital, Seattle, WA.
Teenage Health Care: A Planning Guide for Hospitals.
1981, 42p
SHR-0009110 Available from Nancy Friedrich, Virginia Mason Hospital, PO Box 1930, Seattle, WA 98111.

This planning guide stimulates interest in adolescent health care among hospital administrators and presents options for hospital involvement. It gives a national overview of teenage health care, noting common health problems; nutritional and fitness problems; substance abuse problems; and the extent of chronic illness, sexually transmitted disease, pregnancy, and violence in this population. It observes that most communities have no programs or resources for teenagers and those that do have fragmented services. There is also a shortage of providers trained in adolescent health care, and public funding for teens is limited. Hospitals should be interested in teenagers' health needs because they will benefit from serving teenagers through increased outpatient volume and other benefits, and hospitals have resources uniquely tailored to serve the adolescent. Hospitals must first determine the adolescent health needs in their communities by interviewing medical staff and school staff; by reviewing hospital data; and by contacting health and social service staff, voluntary and religious organizations, law enforcement representatives, teenagers, and parents. The guide outlines ways hospitals can support existing programs, outreach, and educational efforts aimed at teens and explores direct service opportunities. Considerations unique to adolescent programs are highlighted in the areas of service organization, philosophy and purpose, cost, the providers' approach, facility needs, hours of operation, and other factors. Strategies for dealing with barriers to service delivery (due to consent and confidentiality issues, community and physician acceptance, etc.) are also examined. More information on features of quality outpatient, inpatient, and pregnancy programs is appended along with over 40 references.

348. General Accounting Office, Washington, DC. Human Resources Div.
Medicare Home Health Services: A Difficult Program to Control.
25 Sep 81, 58p
SHR-0009350 Available from General Accounting Office, Human Resources Division, 441 G Street NW, Room 6864, Washington, DC 20548.

This report assesses the reasonableness and medical necessity of skilled nursing care and therapy at 37 home health agencies, as well as the need for these services and compliance with Medicare's homebound requirements. Case files were reviewed, physicians were interviewed, and beneficiary homes were visited. The General Accounting Office (GAO) found that 27 percent of the visits reviewed were not covered under the Medicare program or their coverage status was questionable. Claims processing systems generally failed to detect the noncovered care, which GAO attributed to the lack of information on which to base an informed judgment. Determining whether beneficiaries were homebound was difficult. GAO found the homebound criteria to contain key undefined terms requiring the use of the assessor's own judgment. GAO also found that the use of aide services to assist beneficiaries with personal care could be substantially reduced because either the beneficiary or family and friend often could and would have provided the care required. GAO recommends that physicians be informed of the overuse of home health benefits, of program requirements, and of their role in authorizing services; that intermediaries apprise physicians of the noncovered services provided under plans of care they approve; and that the use of comparative analysis techniques be expanded and improved to better identify aberrant home health use patterns. Additional recommendations, tables, and footnotes are provided. Appended material includes the names of agencies and others reviewed, the home health manual's definition of homebound, and a questionnaire segment. Report to the Honorable Pete V. Domenici, United States Senate. Author abstract modified.

349. Gibelman, Margaret.
National Conference on Social Welfare, Washington, DC.
Need for Long Term Care: An Overview.

Aug 81, 13p

SHR-0009007 Available from National Conference on Social Welfare, 1730 M Street NW, Suite 911, Washington, DC 20036.

The need for long-term care will increase significantly as the proportion of the population that is aged rises in the next 50 years. If current trends persist, the number and range of individual support systems (i.e., the family as a resource) will lessen noticeably. Because the growth in the elderly population will outweigh that of the working population, the strain on public programs will be enormous. Indeed, the Social Security and Medicare programs are now witnessing net increases in the number of beneficiaries of around 600,000 annually. The issues surrounding intergenerational transfers from the working population to the aged will pervade a number of social policy areas. Most people in nursing homes need a significant level of service, even if these services could be provided in other settings. Expanding coverage of alternatives to institutionalization has been constrained by current governmental policy. Cost considerations have, in part, contributed to the constraints in policy change. Increased expenditures could be expected if informal or community support systems were instituted since new benefits would primarily help currently unserved populations rather than substituting for care in institutions. Biases also exist in favor of nursing home usage, particularly in such programs as Medicaid. Moreover, fragmentation in the funding and delivery of noninstitutional services results in an artificial split between medical and social services, which makes it difficult for the individual to receive needed nonmedical care benefits. Inherent problems exist in defining the need for long-term care, and a distinction should be made between need for services and the need for government-funded services. Need is as much related to the availability of family supports as it is to medical or functional disability. Policy changes encouraging the initiation or expansion of informal community supports are needed to meet current and anticipated long-term care needs. Publicly supported programs that encourage and enable the development of community-based alternatives warrant critical examination in the immediate future. Tables, graphs, and nine references are included. Long Term Care: In Search of Solutions. Author abstract modified.

350. Gioglio, Gerald R.

New Jersey State Dept. of Human Services, Trenton. Bureau of Research.

New Jersey Division of Youth and Family Services' Green Thumb/Foster Grandparent Program: Older Paraprofessionals in Child Welfare Services.

Dec 80, 179p

SHR-0009339 Available from the NJ Division of Youth and Family Services, NJ Department of Human Services, Trenton, NJ 08817.

This report describes and evaluates a New Jersey program in which elderly persons were used as paraprofessionals in child welfare services, particularly in cases involving child abuse or neglect. This program, sponsored by the Division of Youth and Family Services, employed persons aged 55 to 76 in eight of the agency's network of district offices. These older workers were called foster grandparents and went into homes to help overburdened caseworkers handle the problems of families in distress. The evaluation was conducted by means of pretest interviews with 27 foster grandparents and 29 professionals and posttest interviews with 28 foster grandparents and 36 professionals. The interviews revealed that the foster grandparents' main activities were offering friendly or supportive advice, becoming a role model for the children, becoming a role model for the parents, and providing transportation for clients. The caseworkers also noted that the foster grandparents increased the caseworkers' ability to monitor the family and were able to spend more time with a client than was possible for the caseworker. Caseworkers did not view the introduction of the foster grandparents as a threat to their employment. The professionals also perceived a decrease in the seriousness of the abuse and neglect situation in those client families serviced by foster grandparents. The education and occupational background of the foster grandparents had no bearing on their ability to help clients achieve case goals. The program also improved the foster grandparents' morale, life satisfaction, and job satisfaction. Results indicated that agencies should concentrate on finding concerned, warm, empathetic persons who are willing to learn and eager to help. Several recommendations are offered to improve the program in the areas of coordination, training, transportation, recognition, and provision of career opportunities for the foster grandparents. Program expansion is also recommended. Figures, tables, and appendices presenting study instruments and related information are provided.

351. Goldman, Marilyn; and Pardew, Donald L.
Social Services Research Inst./WRI, Washington, DC.
State-of-the-Art Report on Social Service Training.
Apr 80, 164p
SHR-0007364 Available NTIS PC $15.00/MF $4.00

This report on State and local training activities funded under Title XX of the Social Security Act offers a framework for assessing the effectiveness of government funding support of social services staff training and future needs in this area. The report summarizes the law, the rules and regulations, and the policy statements on which funding is based and traces the history of social services training and its attendant State expenditures. Existing data on Title XX training are interpreted and reviewed, and the management, delivery, and effect of the State Title XX programs are examined. A review of notable training models, research studies, and training evaluation methodologies indicates successful projects. A proposed ceiling on training funds is discussed, along with the increase in training costs and the need for cost reductions that do not impair training capability. Finally, future policy and program options are identified and research is recommended to support selection among these options. Guidance is given for improving State and local Title XX training programs, with indications of areas where States are most likely to need technical assistance to meet new Federal mandates regarding training improvement. The data were obtained from numerous reference services, publishers of training materials, training project records, and interviews with program staff and experts. Tables and charts are given. Part of the Title XX Training Survey and Assessment Project.

352. Graubarth, Robin P.
National Women's Health Network, Washington, DC. Rural Health Issues Committee.
Patterns for Change: Rural Women Organizing for Health.
Jun 81, 63p
SHR-0009306 Available from National Women's Health Network, 224 7th Street SE, Washington, DC 20003.

This manual provides background information on the health care problems and needs of women living in rural areas of the United States, presents instructions for organizing women's health organizations to seek change, and describes three examples of three organizations that have developed innovative volunteer programs to deal with the health needs of rural American women. Information for the manual was gathered by means of a literature review, a survey on health advocacy in 19 rural health organizations, and three national meetings attended by an advisory committee, representatives of rural health organizations, and members of the National Women's Health Network. The analysis revealed that health care is either inaccessible, unacceptable, inadequate, or unavailable to large numbers of rural Americans, and that the majority of those who need and actually receive health care are women and children. However, rural women's health problems are often considered solely within the context of childbearing or family planning. The medical profession and health planners have not been accountable to the total spectrum of women's needs and interests. Twelve recommendations for addressing rural American women's health needs are offered. Guidelines on organizing for change focus on community outreach, volunteer recruitment and training, fundraising, conducting public relations efforts, and organizing advocacy efforts. Case studies are presented for three action sites: the Mari Spehar Health Education Project in Fayetteville, Ark., the Santa Fe Health Education Project in Santa Fe, N.M., and the Southern Vermont Women's Health Center in Rutland. A resource section lists women's health organizations, rural organizations, consumer and activist organizations, books and other publications, national media, and resources for fundraising and community organizing. An appendix presents background information on the survey instrument and a sample copy of the instrument.

353. Greenman, Barbara W.
Institute for Health Planning, Inc., Madison, WI.
Cost-Based Reimbursement: Health Care's Disease.
Jan 82, 35p
SHR-0009165 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

This report analyzes the cost–based reimbursement system for health care which, because it assures payment for services after they are incurred, hampers attempts to achieve control over costs. It provides an historical perspective on reimbursement mechanisms and analyzes the effects of insurance on health care costs. It also presents the various reimbursement principles and practices used by public and private third part payers who, in 1980, paid for more than two–thirds of health care expenditures. The cost–based reimbursement system has fueled inflationary cost increases. The insurance mechanism has encouraged the overuse of health resources and has created a significant problem of moral hazard and consequent welfare loss. Attempts to control the cost spiral have come about under Medicare and Medicaid; under the Economic Stabilization Program, which held hospitals to wage and price controls in 1971; and under State–initiated rate reviews and rate-setting procedures to limit hospital rate increases. Health maintenance organizations have an incentive to control costs since they must absorb the loss if costs exceed the income from fixed payments. Future attempts to change the cost–based reimbursement system will remain piecemeal. Tables, graphs, and endnotes are included. Appendices provide a glossary and 34 references. Author abstract modified.

354. Grosser, Rene C.; and Winfrey, David A.
Colorado Div. of Mental Health, Denver.
Rural Versus Urban Contrasts in Mental Health Service Delivery: A Study of Client Admission Characteristics in Colorado.
Jul 81, 27p
SHR-0009091 Available NTIS PC $7.50/MF $4.00

This study examined the delivery of mental health services among rural and urban areas of Colorado by comparing the characteristics of persons entering the 23 publicly funded mental health centers and clinics and 2 State hospitals during fiscal year 1979 to 1980. Clients were grouped according to their geographic residence along an urban–rural continuum consisting of six categories ranging from pure rural to Denver's urban center. The highest admission rates were from northwest Denver with its low–income neighborhoods, but the next highest rates occurred in rural areas. Children and adolescents comprised a somewhat larger pro-

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portion of admissions from rural compared to urban areas, possibly due to fewer counseling resources in rural schools. Adults between 18 and 40 years accounted for the majority of admissions in every geographical area, and women constituted the majority of admissions in all areas except northwest Denver. The urban areas admitted a larger percentage of clients at the lower income level, while clients from rural counties generally showed more diversity in educational and income levels than those from urban locations. Other characteristics analyzed included household size, referral source, diagnosis, and exit from the system. A concluding summary notes that rural–urban contrast cannot be viewed as a straight continuum, but that the highest results on many items were observed in the most rural and the most urban areas. Implications of these findings for mental health programs are discussed. Tables and references are included.

355. Grubbs, Donald S.
Buck (George B.) Consulting Actuaries, Inc., Washington, DC.
Study and Analysis of Portability and Reciprocity in Single Employer Pension Plans. Report on Task C: Analysis of Portability.
Aug 81, 107p
PB82-100421 Available NTIS PC $12.00/MF $4.00

Based on reports filed with the Department of Labor and a survey of 25 reciprocity networks, this study examines portability and reciprocity arrangements that currently exist among pension plans sponsored by private single employers. Portability is the ability to transfer an individual's vested pension credits to a succeeding plan or central clearinghouse upon termination of employment. Reciprocity generally means an arrangement between two or more independent pension plans to recognize employee service in the other participating plans for various purposes. The report first discusses the objectives of pension plans, including qualified pensions, profit sharing plans, stock bonuses, annuities, and bond purchases. It analyzes vested benefits that portability is designed to preserve and lump sum distributions that may dissipate vested benefits and increase the need for portability. Reasons for portability are detailed, as are its costs to employers, tax considerations, and relevant laws. Also discussed are rollover individual retirement accounts and types of portability, such as centrally administered networks covering employees not under common control. The outlook for portability under the present law is projected, along with legislative and regulatory changes that could influence future trends. Finally, the report explores the feasibility of a Federal portable pension system.

356. Gutowski, Michael; Harder, Paul; Koshel, Jeffrey; and Muzzio, Timothy.
Urban Inst., Washington, DC.
Changing Patterns in Rehabilitation Manpower.
Jul 81, 141p
SHR-0008824 Available NTIS PC $13.50/MF $4.00

Major factors affecting the demand for and supply of rehabilitation manpower, as well as manpower issues facing the rehabilitation industry over the next 5 years, are analyzed. Shifts within manpower utilization patterns in the rehabilitation industry have resulted from declining growth in State–Federal vocational rehabilitation programs and from the concurrent expansion of private profitmaking rehabilitation firms. The general oversupply of professionals trained in the social and behavioral sciences has had a dampening effect on the market for trained rehabilitation graduates. Positions in State agencies have been limited by inflation and by budget cuts. Some employers appear to be substituting less expensive labor for the traditional master's degree in rehabilitation counseling. The Federal Government must decide whether to continue to support rehabilitation counselor training at the current level. The Rehabilitation

Services Administration (RSA) has never restricted the types of jobs that training program graduates may take. But as more and more graduates are finding employment with for-profit companies and for-profit firms tend to serve the easiest-to-rehabilitate clients, the RSA may be inadvertently increasing the difficulty of the State agency's job. Manpower shortages do exist for medical rehabilitation personnel, particularly psychiatrists, rehabilitation nurses, and physical and occupational therapists. More research is needed to determine the extent to which experts in other medical areas may be substituted for rehabilitation specialists. RSA may need to increase its commitment to rehabilitation training for other medical specialties as part of the medical education process and as part of continuing education for physicians. Research is recommended on the private for-profit rehabilitation sector and implications of its growth, on the uses of medical rehabilitation personnel, and on the development of an objective performance appraisal system for vocational rehabilitation personnel. Tables, graphs, and a bibliography are supplied.

357. Halper, Gertrude; and Jones, Mary Ann.
New York City Human Resources Administration. Special Services for Children.
Serving Families at Risk of Dissolution: Public Preventive Services in New York City.
Feb 81, 179p
SHR-0009360 Available from Freedom of Information Section, 220 Church Street, 6th Floor, New York, NY 10013.

This report describes the experiences, results and evaluation of a project that tested whether comprehensive intensive services delivered directly to families at risk of separation by a large urban public child welfare agency can prevent placement and improve the children's lives in their own homes. The research covered 2 years; the sample consisted of 120 families, randomly assigned to experimental and control groups of 60. The experimental group received intensive services from the project while the control group received the agency's usual course of services for "at risk" families. The project helped parents improve parenting and problem-solving skills, improved the environment in which the families lived, and offered supplementary relationships and activities to children. Individual and family counseling using individualized treatment techniques, based on a diagnostic assessment, was the main service offered. Innovative techniques included use of a family assistant / special friend, financial assistance for emergencies, and a 24-hour hotline. Results indicate that the services delivered were effective in preventing placement for all but 6 of the 156 children in the experimental group, as compared to placement of 22 of the 126 children in the control group. At the end of the evaluation period, 1 experimental group child remained in placement, while 12 experimental group children continued foster care. Findings also indicate that family functioning improved in most families who received project services, although some families will require continued supportive services. The project evaluation assessed client characteristics, services received, and program outcomes, and conducted a client followup interview. Tables, charts, and references are provided separately for the program report and the evaluation report.

358. Haveman, Robert H.; and Palmer, John L.
Brookings Institution, Washington, DC.
Jobs for Disadvantaged Workers: The Economics of Employment Subsidies.
1982, 336p
SHR-0009178 Available from The Brookings Institution, 1775 Massachusetts Avenue NW, Washington, DC 20036.

Nine papers presented at a 1980 conference held at the Brookings Institution examine the operation and effects of various types of Federal subsidies designed to create jobs in the private sector for workers with structural employment problems. The papers include theoretical and empirical analyses of the effects of targeted employment subsidies on inflation and economic efficiency, on the distribution of employment, and on the behavior of business firms. The effects of worker wage subsidies are compared with those of employer wage subsidies and family income-tested cash grants. Administrative issues affecting program design and the European experience with employment subsidies are also explored. The conference participants concluded that the positive employment and inflationary effects of employment subsidies predicted by standard economic theory are corroborated by nonstandard disequilibrium and job search models. The effectiveness of employment subsidies is strongest during the upswing and downswing phases of the business cycle, which suggests a role for temporary targeted subsidies if countercyclical as well as structural goals are to be pursued. If a subsidy is to have its desired impact, the target group must be carefully defined. Employee-based employment subsidies may be an attractive alternative both to employer subsidies and to other kinds of income maintenance programs under certain conditions. However, substantial design and administrative problems must be overcome if a targeted employment subsidy is to be an effective policy measure. One important design issue is the definition of the threshold of employment above which subsidies will be paid. More adequate data, design, and statistical measures are needed to achieve effective evaluations of employment subsidy programs. Figures, tables, footnotes, and an index are provided. Brookings Studies in Social Economics Series, volume 20. The papers and formal discussion presented in this volume were delivered at a conference held on April 3-4, 1980. Author abstract modified.

359. Health Resources Planning and Development, Inc., Harrisburg, PA.
Medicaid: A Review of Current Issues.
11 Feb 82, 14p
SHR-0009352 Available NTIS PC $6.00/MF $4.00

Budget reductions and other legislative changes affecting Medicaid are outlined, and the impact of these changes on State policies and program beneficiaries are discussed. Medicaid is now facing budget cuts and "restructuring." Decreases in Federal payments to the States and waivers affecting eligibility, type of service, and freedom of choice have come about as a result of new rules issued by the Department of Health and Human Services. A proposal for some sort of copayment is also being planned. Medicaid beneficiaries will be directly affected by the new and proposed changes, particularly in those States with significant programs. Smaller political jurisdictions will also be affected as funding cuts and deregulation are passed on down the line. Urban and rural hospitals serving Medicaid populations are also apprehensive over the proposed cuts and the effects of new rules. All of the changes do not attack what many see as the real problem, namely structural flaws in the whole health care system. What is attacked is the philosophic commitment Medicaid represents. This is being replaced with a concern solely for the financial aspect. Ten notes are appended. Board/Community Education Series, report no. 3. Author abstract modified.

360. Hedrick, Terry E.; Oros, Cheryl J.; and Schmutte, Gregory T.
Two CETA Youth Employment Programs: Evaluation in a Local Setting.
1981, 22p
SHR-0009103 Pub. in Evaluation Review v5 n6 p723-744 Dec 81.

This article describes collaborative efforts between university researchers and a Comprehensive Employment and Training Act (CETA) prime sponsor to evaluate different counseling approaches in an Ohio employment and training program for disadvantaged and out-of-school youth. Participants in CETA's Title III program must be economically disadvantaged, in contrast to the brief period of unemployment that defines eligibility for CETA Title I services. In this project, youths are allowed to select the regular Title I program or the Title III option with a career exploration component. Title III youths were divided randomly between a short–term vocational (one–on–one) counseling program with aptitude and interest testing and a classroom program that stressed clarifying values, setting goals, and making decisions. The evaluation design included pretests and posttests of all youths, the I–E Locus of Control Scale, and a custom–designed Career Information Measure. Problems encountered by the evaluation are detailed, such as lack of staff interest in career exploration programs, implementation delays, and loss of data because youths refused to take tests or turned in unusable forms. Followup rates were abysmal, largely because of the client group's mobility and limited resources. Program outcomes were assessed by dropout rates, client satisfaction, and impact on clients' work lives and earnings. Although dropout and satisfaction ratings suggested that the values clarification approach was more effective, an analysis of all variables revealed no differences in outcomes between youths referred to the one–on–one and values clarification programs. Implications of this experience for other CETA evaluations are discussed, as is the feasibility of experimental evaluation at the local level. Tables and 10 references are provided.

361. Hietala, David A.
Wisconsin Univ.-Stout, Menomonie. Materials Development Center.
Production Scheduling for Rehabilitation Workshops.
Dec 80, 23p
SHR-0009095 Available from Materials Development Center, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout, Menomonie, WI 54751.

This manual examines production scheduling procedures for the sheltered workshop. The procedures are designed to meet workshop requirements for a production schedule that takes client performance levels, varying work hours, and other factors into account. Production scheduling for the sheltered workshop is defined as the planning process for determining what has to be done, how long it will take, who will work on which task, and when to begin and finish each production job. From the production / business perspective, production scheduling has three benefits: increased profits, better supervision, and enhanced safety practices. From the rehabilitation perspective, effective production scheduling has four major benefits: order (discipline), worker accountability, training, and scheduling rehabilitation activities. The production scheduling process centers on five basic steps: (1) determining the basic production steps and refining specific production methods, (2) determining how long the job will take, (3) determining who will do the work, (4) deciding when to begin, and (5) putting the schedule together. To make production scheduling work, management must support it by informing staff about the new program, allocating staff to do the actual scheduling, delegating authority and responsibility to the one person or department responsible for production scheduling, supporting the production schedules, and recognizing and rewarding persons and departments that meet or exceed the scheduled requirements. Figures, sample forms, and a three–item bibliography are included.

362. Hogan-Moriarty, Pamala; Schatan, Barbara; and Badeaux, JoAnn.
Child Development Resource Center, Soquel, CA.
How To Open a Child Care Program in Santa Cruz County.
1980, 201p
SHR-0009356 Available from Santa Cruz County Board of Education, 809 Bay Avenue, Suite H, Capitola, CA 95010.

362.

This manual gives step-by-step instructions for establishing a child care or preschool program, with emphasis on starting a program in Santa Cruz County, Calif. The need to find outside funding or to have cash or assets amounting to about three times the operational costs is emphasized. Guidelines are provided on finding a site for a child care center, meeting fire regulations, obtaining licensing, and obtaining special use permits. The guidelines also review available funding and supportive services, including reimbursement programs, funding services, and agencies that can provide staff to supplement the center. Administrative tasks, functions, and responsibilities are also reviewed. Sample materials include budget forms, incorporation procedures for becoming a nonprofit corporation, guidelines for program planning and the setting of goals, personnel and admission policies, and job descriptions. The various health, safety, and nutritional components of a child care program are also reviewed. Sample forms, lists, and resources to aid the planning of these program components are provided. Guidelines are also given for implementing an evaluation of the program. An extensive resource section gives sources of inexpensive materials for a child care center, booklists for children and parents, and a checklist of materials needed to supply a center. Child Development Resource Center Informational Packet. Author abstract modified.

363. Hughes, Susan Lane.
National Center for Health Services Research, Hyattsville, MD.
Evaluation of a Comprehensive, Long Term Home Care Program for Chronically Impaired Elderly.
1981, 295p
SHR-0009181 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

The dissertation evaluated the Five Hospital Homebound Elderly Program (Chicago, Ill.), a model long-term home care demonstration project that is community-based and provides a unique combination of medical and social supportive services to chronically impaired homebound elderly. The evaluation encompassed both impact and process issues and used a pre/posttest quasi-experimental design with a nonequivalent control group. The comprehensive functional status of 122 consecutively admitted Five Hospital clients and of 123 controls was assessed at admittance and 9 months later, using the Duke / OARS Multidimensional Functional Assessment Questionnaire. The control group consisted of recipients of a home-delivered meals program who lived in the area and who were also elderly and impaired. The two groups were remarkably similar both before and after treatment. Effects of treatment on functional status included a trend towards perception of improved social supports, mental health, and physical health, as well as a significant decrease in unmet needs among experimental subjects. A highly significant difference was observed in the rates of institutionalization of the two groups, with experimental subjects experiencing this outcome less frequently than controls. The program was beneficial to its clients and has important implications for the development of national long-term care policy. Figures, tables, notes, and about 60 references are included. Study instruments are appended. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to Columbia University, 1981. Author abstract modified.

364. Huneke, Diane.
Missouri Coalition Against Domestic Violence, Columbia.
Domestic Violence in Missouri: A Needs Assessment.
1981, 20p
SHR-0009089 Available from Missouri Coalition Against Domestic Violence, PO Box 7242, Columbia, MO 65205.

Compiled from data obtained from 15 organizations serving victims of domestic violence in Missouri, this report develops a composite picture of clients in Missouri, assesses the availability of services, and assesses the quantity and sources of funding for women's programs. Abused women tend to remain in abusive situations and generally exhibit passivity, helplessness, and low self-esteem. Only 12 counties out of 115 in Missouri have local shelter services or a referral service. Six more grassroots groups have been formed and need funding, and several projects may close because of funding inadequacy. Over 8,000 women and over 9,000 children might use women's services if they were available. In 1981, 12 programs estimated that they served 1,298 women and 1,443 children in shelter, and a total of 3,741 clients. Less than 20 percent of the total estimated client population received services. Supportive legal, medical, mental health, and social services are frequently unavailable to abused women, although data suggest that the helping professions are becoming more responsive. In addition, recent Federal and State funding cutbacks will adversely affect those programs that have in the past provided support services. At present, only one shelter offers comprehensive children's services. The total estimated 1982 women's shelter and center budget shows a statewide deficit of 24 percent, or $245,235. The estimated cost of providing services to clients is about 10 percent of the average cost per client of State mental health services. Funding is provided primarily by individuals, with 1982 projected funding including State, private, city, county, United Way, and church funding. Tables, maps, and 25 notes are supplied.

365. Illinois Dept. on Aging, Springfield. Div. of Planning.
Family Support Program: Project Report.
Nov 81, 21p
SHR-0009081 Available NTIS PC $6.00/MF $4.00

This report discusses the activities and achievements of Family Support, a 1-year project jointly sponsored by the Illinois Department of Public Aid, Bureau of Title XX Administration and the Illinois Department on Aging, Division of Planning. The project tested the feasibility of foster placement as a housing alternative to institutionalization and determined the extent of the need for this type of service. The project also investigated the need for other supportive services to promote or to maintain placements. The two project sites were Lutheran Social Services of Illinois (Rock Island / Moline) and the Council for Jewish Elderly (Evanston, Ill.). Each project site offered geriatric foster care placement services at no fee to eligible clients. Services included identification, recruitment, screening, and assessment of clients over age 60 who were unable to maintain an independent residence; identification, screening, and recommendation of foster families; assistance in matching clients and foster families; provision of intermittent respite care; and monitoring, counseling, and service linkage during matching and following placement. Four independent variables were used to evaluate the two projects: effect of site, effect of relation of family, effect of type of placement, and client characteristics. In addition, the project evaluation reviewed dependent measures such as program cost, client cost, and program activities. Recommendations toward future program development—in terms of policy, budget, and procedures—are provided. Graphs are given. Author abstract modified.

366. Institute for Health Planning, Inc., Madison, WI.
State Agency Transition Activities: Report of a Seminar.
Nov 81, 45p
SHR-0009166 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

This report outlines six States' future health planning strategies in the face of Federal funding reductions and the elimination of Health

Systems Agencies (HSA's). The States—Washington, Indiana, New York, Ohio, Iowa, and Idaho—varied in demographic characteristics, attitudes toward health planning, and position of the State planning agency (SPA) within the State government. Most SPA representatives anticipated minimal changes in certificate-of-need (CON) programs, such as instituting fees to reduce the number of applicants. Many States will maintain a CON program even if Federal support is withdrawn but for varying reasons. Most participants felt that HSA's will not survive in this era of budget constraints and that SPA's will have to assume the extra burden of local planning functions. This situation will require maintenance of only the most important program activities, streamlining of procedures, and dependence on other groups for local input into the State planning process. Despite the freedom implied by block grant regulations, the consensus was that flexibility was limited and block grants were primarily a mechanism for shifting programmatic cutback decisions to the States. A summary of the discussions accompanies each group of papers. Papers presented at a seminar held in Indianapolis, Indiana, on November 18-19, 1981.

367. Institute for Information Studies, Falls Church, VA.
Highlights Reoort on Developing Public/Private Partnerships in Human Services: A Conference.
Apr 81, 34p
SHR-0008997 Available from Institute for Information Studies, 200 Little Falls Street, Suite 104, Falls Church, VA 22046.

This report presents highlights from a conference on how to expand public / private partnerships in the provision of human services. Issues discussed include the likelihood of philanthropy filling the gap created by the reduction of Federal and State funding of human service programs; the question of whether corporate officials are prepared to accept the challenge implicit in reducing the role of government in community and human service programs; and the actions taken by businesses, unions, and the private voluntary sector on their own or as part of a coalition. Plenary sessions focused on perspectives on current and future roles in human services, corporate involvement in human services, and developing public support for human services. Concurrent workshops dealt with new ideas on how to use the nonbudgetary powers of local government to tap existing private sector resources to meet social welfare needs and human services strategic planning. The observation is made in a keynote address that the proposed level of block grants reflects a 25 percent reduction. Reductions are also being implemented in the level of reporting, and specific requirements are being eliminated or made more flexible. Basically, the States will have the authority to set their own priorities, development plans, and reporting requirements. The Federal role will be mainly to provide leadership to the States in the development of models for implementation; to facilitate the exchange of information on best practices; to provide technical assistance to States, especially during the transition period; and to support research and demonstrations to develop new mechanisms for more effective implementation. The main theme of the conference was the critical need to create supportive systems that are based on cooperative networks of private (corporate and voluntary) and public (mainly local government and community) endeavors to help the needy. Appendices give conference evaluation summaries and contact information. Conference held in Rochester, New York, on April 22-23, 1981.

368. International Science and Technology Inst., Inc., Washington, DC.
CAP Management Guide: An Information Systems Guide for Community Action Agencies.
Sep 81, 162p
SHR-0008796 Available from International Science and Technology Institute, Inc., 2033 M Street NW, Suite 300, Washington, DC 20036.

This manual is intended to assist community action agencies in developing and maintaining their own information systems. It describes a detailed step-by-step method for developing a data collection and retrieval system that can be readily used by most community action agencies. The manual also provides a series of practical approaches to specific information system problems. It incorporates materials and examples drawn from 15 information systems now in use in over 75 community action agencies and integrates detailed comments and insights obtained from onsite reviews of 6 of these systems. Specifically, the manual addresses cost-effectiveness and other advantages of information system support in community action agencies and gives suggestions on how to manage a community action agency information system development effort. How to conduct an information system effort is detailed in terms of seven phases, from exploration through design and implementation to installation and system enhancement. Specific guidelines are offered on where to find resources; how to use consultants and prepare contracts, conduct a cost / benefit analysis, write clear procedures, define community action agency terminology, design data input forms, and present data creatively; and where to learn more about information systems. Addresses are listed for information sources and 14 selected readings are recommended. Appendices contain sample output and input forms and a glossary of basic data processing terms. Flow charts illustrate the text.

369. Isaacs, Mareasa R.
Alpha Center for Health Planning, Bethesda, MD.
Issue Paper: The Use of Nursing Homes as Long-Term Care Facilities for the Chronically Mentally Ill.
Feb 82, 77p
SHR-0009273 Available from Alpha Center for Health Planning, 7316 Wisconsin Avenue, Suite 400, Bethesda, MD 20814.

This paper examines the growing use of nursing homes as treatment sites for deinstitutionalized mentally ill patients. The paper assumes that nursing homes, with their current program activities, staffing, and proprietary nature, are inadequate facilities for the care of large numbers of chronically mentally ill patients, most of whom depend on public funds. If proposed cuts occur in Federal Medicaid, Medicare, and supplemental security income funds, publicly funded patients will have even fewer nursing home placements available to them. As many as 44 percent of the chronically mentally ill are now cared for in nursing homes, as compared to 12 percent in State and county mental hospitals. An additional 20 to 30 percent are thought to be living in various board-and-care homes, personal care homes, halfway houses, and welfare hotels, many of which are not regulated. Studies have shown that the transfer and placement of chronically mentally ill patients in nursing homes have not led to their reintegration into the community, to higher levels of functioning, and / or to significant cost savings overall. Issues surrounding nursing home care for these patients include the lack of accountability, adequacy of nursing homes as "care" facilities, the use of private nursing homes as quasi-public institutions, and the present structure of the health care reimbursement system. Proposed solutions and suggested planning initiatives are discussed, and implications for States' decisionmaking and policies are highlighted. Fifty notes and appended policy statements and reports are provided.

370. Jacobson, Solomon G.
Center for Responsive Governance, Washington, DC.
Evaluating Citizen Participation: Human Services Programs.
1980, 31p
SHR-0008875 Available from Center for Responsive Governance, Publications, 1100 17th Street NW, Suite 313, Washington, DC 20036.

370.

The study examines the major human service program in which citizen participation has been evaluated (i.e., the Title XX program of social services), and describes methods and measures for use in future evaluations of citizen evaluation. In 1974, Title XX of the Social Security Act set up a Federal program of Social Services for Low-Income and Public Assistance Recipients. The program was intended to put a ceiling on purchase of services under previous assistance programs. Title XX regulations require public participation in the development of the annual services program. A study by the Urban Institute to measure the impact of citizen participation on Title XX decisionmaking shows that client involvement has often been on the part of organized representatives and articulate advocates of provider interests rather than rank-and-file consumers. Few eligible consumers are even aware of participation possibilities. In fact, less than 6 percent of the persons expected to receive services in the State participate in planning social service programs. Furthermore, mobilization of constituents has proved a complex and time consuming business, requiring to be a participant education and consensus before action is possible. Other studies support these findings. To improve evaluation of citizen participation, measures must be identified for assessing as input types of participation (e.g., advisory committees, advocacy groups, direct delivery of services, boards) and citizen influence, program performance, and citizen attitudes as output. Possible evaluation methods include the experimental approach, nonexperimental approaches such as case studies and descriptions may be made comparable by establishing common definitions and basic units of analysis, developing baseline measurements through descriptive studies, and supporting short-term evaluations designed to answer a variety of policy-relevant questions in a timely and cost-efficient manner. A 16-item bibliography and an appendix containing a list of programs are supplied. Working Paper Series WPS-80-07.

371. Jankovic, Joanne; Green, Ronald K.; and Cronk, Shanler D.
Tennessee Univ., Knoxville. Office of Continuing Social Work Education.
Juvenile Justice in Rural America.
1980, 141p
SHR-0009281 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 027-000-01074-1.

This publication explores rural juvenile justice issues and changing patterns, rural strategies for helping troubled youth, and decisionmaking problems encountered that affect rural juvenile services. A consideration of the various elements that constitute the juvenile justice system—police, courts, probation, and dispositional alternatives—notes the difficulty in implementing urban-oriented standards in rural areas. An historical overview of research into rural crime and delinquency examines the period 1930 to 1979 and offers suggestions for future research. The report compares rural and urban juvenile court practices and offers suggestions for dealing with problems of rural programming for juvenile offenders. It explores the rural response to major juvenile mandates in West Virginia and New Jersey. It presents a descriptive analysis of the rural delinquent, a study of adolescent self-reporting of drug use and delinquency patterns, and issues pertaining to rural runaways. Rural child abuse and protection are discussed, and the rationale behind the use of short-term group homes in rural areas is presented. An examination of rural youths' vocational problems shows how lack of such opportunities often results in disenchantment and delinquent behavior and how certain issues impede the implementation of progressive education in rural areas. The final chapter suggests the application of some basic economic principles to make best use of scarce resources and elaborates a problemsolving framework to help assess potential consequences of various policy program choices. Tables, graphs, and chapter notes are provided. Papers presented at the National Symposium on Rural Justice held June 20-22, 1979, in Knoxville, Tennessee.

372. Johnson, Lloyd W.
Beltrami County Service Center, Bemidji, MN.
Keeping It Together: How to Develop and Maintain a Rural Child Protection Team.
1980, 69p
SHR-0008893 Available from Mr. Lloyd W. Johnson, 321 Norwood Drive, Bemidji, MN 56601.

This handbook explains how to develop and maintain a multidisciplinary rural child protection program, based on the experiences of the Beltrami County Child Protection Team (Minn.). The components of team development in this case involved selecting team members based on their experience with children and other factors, having members get acquainted, establishing data privacy and confidentiality rules, examining the magnitude and complexity of the problem, establishing the organization structure, training team members, developing policy, discussing case activities and team functions, and asking for formal recognition. Case activity consisted of case investigation, consultation, coordination, and review. Public relations and resource development were also emphasized. Regularly scheduled meetings, preparation of an agenda in advance of the meeting, communication among team members, flexibility, and confidentiality were all factors contributing to team maintenance. Community and social service agency support were also essential. Team members cite the benefits of working for a child protection program. Minnesota statutes, team retreat agendas, and an article describing a typical case are appended.

373. Jove, Edward; Storfer, Miles; and Newcomer, Susan.
New York City Human Resources Administration. Office of Policy and Economic Research.
New York City Social Report.
Feb 82, 31p
SHR-0009355 Available from The Human Resources Administration, Office of Policy and Economic Research, 71 Worth Street, 4th Floor, New York, NY 10013.

This report provides information profiling social and economic conditions in New York City for the third quarter of 1981. The indicators were chosen on the basis of their potential usefulness to social service management, planning, and analysis in government and community organizations. Tables show current data as well as percent changes from previous periods. The indicators are classified into five categories: transfer payment programs, social services programs in New York City, general New York City population statistics, economic indicators, and social indicators such as crime and addiction statistics. Data show that the number of public assistance recipients in the third quarter of 1981 was 858,270, down 1 percent from the last quarter's monthly average. An estimated 30,000 public assistance and food stamp recipients have been or will become ineligible for these programs as a result of the recently enacted Federal cutbacks in these programs. The number of aged, blind, and disabled persons receiving supplemental security income fell sharply in the third quarter as a result of the 14–percent increase in social security benefits. In September 1981, 58 percent of public assistance households living in private housing accommodations received shelter allowances equal to the State maxima, up 8.3 percent from the September 1980 percentage. Medicaid expenditures, at $769 million in the third quarter, were up 3.4 percent from the previous quarter and up 20.6 percent from year–earlier levels. The city's unemployment rate was unchanged (8.7 percent). Over the past year, unemployment rates for women and minorities have increased, while rates for whites and men have improved. Tables, footnotes, and about 35 sources are provided. Errata sheet included. Report no. RR-SOC-3-81. Author abstract modified.

374. Kardon, Robert Morrow.
Santa Cruz Community Counseling Center, Inc., CA.
Character of a Participative Organization.
1981, 152p
SHR-0008621 Available from Santa Cruz Community Counseling Center, 421A Ocean Street, Santa Cruz, CA 95060.

This case study reports the 8-year history of the evolution toward a participative management system in the nonprofit Santa Cruz Community Counseling Center, Inc. (SCCCC, Inc.) in California. The study is designed to add to the case studies of social service organizations and to be used as a planning tool within that agency. Special attention is given to community support, competition, and conflict. The paper examines elements common to all organizations: incentive systems, communications, human relations, planning and budgeting, handling of conflicts, management and leadership styles, authority and accountability, and responses to the need for innovative technological change and risk taking. Emphasis is given to the effects of the participative management system on the agency's 85 employees. The major decisionmaking bodies within the organization are historically traced and current practices are described. A number of special topics are presented, including the meaning of good citizenship in a participative environment, the cost of participation, employees' perceptions of fairness and satisfactions, and the need for education toward effective participation. Possible weaknesses of the participative mode in SCCCC, Inc., are examined and possible solutions are suggested. The analysis generalizes some of the findings to the field of public administration and suggests some specific transferable applications. Charts, tables, footnotes, and about 50 references are included. Author abstract modified.

375. Lee, Sylvia C.
Community Living: Perspectives of Discharged Mental Patients.
1981, 179p
SHR-0009183 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study examined the perceptions, preferences, and satisfactions with community living of discharged mental patients, as well as the value of self-determination and the dynamic of stigma management. A total of 40 subjects were randomly selected from various program units of the Mental Health Center in Fort Wayne, Ind. The subjects had been labeled either schizophrenic or manic depressive, had been mentally ill for at least 2 years, were between the ages of 18 and 65, and had been discharged from State hospitals. Data were collected through personal interviews. The study hypothesized that community adaptation of discharged mental patients is a function of the effects of perceived discrimination, of the effects of desire for self-fulfillment, or of both. It also asserted that satisfaction with community life is directly related to degree of exercise of self-direction in community living and of perceived discrimination. Major findings revealed that perceived discrimination is inversely related to disclosure of personal information, a direct relationship exists between satisfaction with community life and exercise of self-direction in community living, and that preference for community living is significantly related to the desire for self-direction. Both employment and friends' acceptance have a positive effect on satisfaction with community life. Moreover, perceived discrimination is positively related to educational level. Tables, about 140 references, and study instruments are supplied. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Work to Howard University, 1980. Author abstract modified.

376. Leeds, Stephen J.
Social Services Research Inst./Welfare Research Inc., Washington, DC.
Review of Legislation Affecting Child Protective Services: Historical and Current Perspectives.

Oct 81, 67p
SHR-0009096 Available from Social Services Research Institute, 1015 18th Street NW, Suite 810, Washington, DC 20036.

This report describes how a system of child protective services has evolved in the United States during the last 100 years in response to periods of heightened concern over child abuse and neglect. It focuses more on the broad policy considerations that motivated the development of services than on the specific programmatic and operational aspects of those services. The early child protection movement was based on investigation and child rescue, conducted by locally empowered anticruelty societies. Starting in the early 1900's, reformers emphasized social work approaches to prevention and family rehabilitation. Child protection remained overwhelmingly a State and local function through the 1960's, when Social Security Act amendments first provided Federal subsidy of foster care for certain dependent and neglected children. Subsequent Federal laws standardized State procedures of investigation and assessment in child abuse cases, and Federal revenue sharing for social services began, with the prevention of abuse and neglect as one of its five stated goals. At the start of the 1980's, the child protection movement rested again on investigation and child rescue (foster care placement), now conducted under State auspices with Federal financial support. By 1980, roughly $800 million was being spent on investigative and placement functions, with additional funds being spent on related services such as day care. From 1961 to the late 1970's, the number of child abuse reports increased dramatically to over 700,000 annually, and the number of children in foster care reached 500,000. The Adoption Assistance and Child Welfare Act of 1980 resembles reforms of the early 1900's in its response to excessive investigation and child removal. Finally, as a result of major cuts in Federal human service budgets from 1981 to 1982, the future of child protection programs stands in question. Tables and 33 notes are included. Author abstract modified.

377. Lindheim, Barbara L.; Camino, Cynthia C.; Davis, Alan; Heinen, Lu Ann; and Roberts, Glenn.
Urban Systems Research and Engineering, Inc., Cambridge, MA.
1980 Low-Income Energy Assistance Program: A Review and Assessment.
Aug 81, 223p
SHR-0009187 Available from Office of Family Assistance, Transpoint Building, Room B-633, 2100 Second Street SW, Washington, DC 20201.

The Federal program established in 1980 to provide assistance to low-income people to help offset the effects of the rapid escalation in the costs of home energy was evaluated to determine the extent to which the program's goals were achieved, compare the impacts of different approaches to program design and operations, and identify exemplary policies and practices. Information sources included existing literature, State plans and reports, studies, telephone discussions with State program officials, and site visits to nine States. The program provided one-time automatic benefits averaging $97 to 4 million social security recipients nationwide, benefits through the Community Services Administration to 1.6 million households, and awards to 4.3 million households through block grant programs. States could distribute block grant funds by any of four different methods. The program operations generally occurred according to the intent of the program and the requirements of the regulations. Few complaints were received of program mismanagement, fraud, or poor treatment of clients. However, almost all of the programs had some inadequacies in program design and operations. In addition, problems occurred in the implementation of special provisions for priority groups other than the elderly, the equitable treatment of renters with indirect heating costs, and the reporting of timely and accurate information on program operations. Some programs had difficulty in reaching clients, while others could not establish adequate control and monitoring procedures. Nevertheless, the program's overall performance was good, especially in view of the time constraints involved. The program showed that a variety of goals for energy assistance programs are possible. The automatic payment model is simple and certain but sacrifices close links to energy needs. Programs involving applications can be targeted and individualized but involve increased administrative burdens and uncertain coverage. Programs can incorporate a combination of goals. Tables, footnotes, a glossary, a list of 55 references, and an appendix presenting 34 additional tables are provided. Errata sheet included.

378. Lowe, George C.
Pennsylvania Bureau of Vocational Rehabilitation, Harrisburg. Program Evaluation Section.
Nuts and Bolts of Program Evaluation. A Comprehensive State VR Program and Policy System Through a Model Evaluation/Management Support Unit. Executive Summary: Technical Audience.
Sep 81, 21p
SHR-0009075 Available from Bureau of Vocational Rehabilitation, Room 1318, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, PA 17120.

This executive summary reports the results of a project to develop a model of a comprehensive program and policy system that effectively uses evaluation information at the Pennsylvania Bureau of Vocational Rehabilitation (PBVR). The 3–year project produced a conceptual framework describing appropriate procedures for the design and conduct of evaluations as well as the role that program evaluation can play as an aid in agency decisionmaking, planning, and management. Several scientific techniques were adopted for project management and review, and refinement of the PBVR management information system was accomplished. Improved methods and networks were set up for disseminating program evaluation information to key agency decisionmakers, and several analytical techniques were developed to improve the quality of evaluation information, its relevance to decisionmakers, and the ease with which it can be interpreted. Field testing of the new Federal Vocational Rehabilitation Standards and of the proposed Facilities Reporting System was performed. In addition, several components of PBVR activities were evaluated and staff were trained in the technical and administrative aspects of program evaluation performance and management. A technical assistance center was developed to serve as a resource for information on planning, management, and evaluation of PBVR. See also related documents, SHR-0009073; SHR-0009074; SHR-0009076; SHR-0009077.

379. Lowe, George C.
Pennsylvania Bureau of Vocational Rehabilitation, Harrisburg. Program Evaluation Section.
We've Only Just Begun. A Comprehensive State VR Program and Policy System Through a Model Evaluation/Management Support Unit.
Sep 81, 104p
SHR-0009074 Available from Bureau of Vocational Rehabilitation, Room 1318, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, PA 17120.

This document is a self–report of the 3 years of activities by the Pennsylvania Bureau of Vocational Rehabilitation under a Federal contract to develop a model State program evaluation unit. Instead of adopting a conceptual point of view, this report presents a practical day–to–day view of what happened and how it happened, mapping out for other agencies activities that will enhance and develop their evaluation capacities. The project's purpose and objectives as well as contract tasks and accomplishments are summarized, followed by discussions of how specific tasks were accomplished. Tasks included organization, planning and monitoring; technical assistance; working relationships with other organizations; field testing of the new program evaluation standards and the facilities information system; and the administrative monitoring and organization of the program evaluation unit. Steps in the development of the new evaluation capacity ranged from sectional organization and term definition through staff training and followup surveys of vocational rehabilitation clients to a case review process and the dissemination and utilization of evaluation results. Assessed separately are the effectiveness and efficiency of the model evaluation unit, its capability of providing information relevant to internal State agency program planning and management decisionmaking, and national dissemination and utilization activities during the project's final year. Suggestions to facilitate the process of establishing the evaluation unit conclude the report. The text of an independent evaluation by a consultant is included. See also related documents, SHR-0009073; SHR-0009075—SHR-0009077.

380. Lowe, George C.
Pennsylvania Bureau of Vocational Rehabilitation, Harrisburg. Program Evaluation Section.
What Is Program Evaluation. A Comprehensive State VR Program and Policy System Through a Model Evaluation/Management Support Unit. Executive Summary: General Audience.
Sep 81, 20p
SHR-0009076 Available from Bureau of Vocational Rehabilitation, Room 1318, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, PA 17120.

This overview cites the accomplishments of Pennsylvania's 3-year involvement with a Federal contract to develop a model evaluation / management information support unit in the State's vocational rehabilitation system. The administrative structure of the program evaluation section (PES) is detailed, along with the steps followed in an evaluation. Projects completed during the contract period are described, beginning with a major review of the existing management information system that resulted in modifications to report content, format, and frequency. The PES also initiated a project to assess the extent to which similar benefits were being used in the Pennsylvania Bureau of Vocational Rehabilitation (PBVR) and to develop procedures for expanding their use. Products of this effort included a new chapter in the procedural manual, a data base, and a special computerized report. Activities undertaken to increase awareness and understanding of the PES's mission are highlighted, with special attention to the Technical Assistance Center, which collects and disseminates current information on vocational rehabilitation. The PES developed a formalized approach for planning and monitoring all project activities and refined the existing case review procedures. Followup questionnaires and survey techniques used to assess client satisfaction were redesigned. Other topics covered are PES staff training and the design for an evaluation component for the PBVR Client Assistance Project. Recommendations for establishing an effective program evaluation / management information support unit address organizational structure, communication networks, types of information to be provided, and data processing requirements. See also related documents, SHR-0009073—SHR-0009075; SHR-0009077.

381. Lowe, George C.
Pennsylvania Bureau of Vocational Rehabilitation, Harrisburg.
Why You Need Program Evaluation. A Comprehensive State VR Program and Policy System Through a Model Evaluation/Management Support Unit. Executive Summary: Vocational Rehabilitation Administrators.
Sep 81, 19p
SHR-0009073 Available from Bureau of Vocational Rehabilitation, Room

381.

1318, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, PA 17120.

This report summarizes the work activity and accomplishments of the Pennsylvania Bureau of Vocational Rehabilitation's (PBVR's) model evaluation / management information support unit, an element in a comprehensive State vocational rehabilitation program and policy system. During the 3 years of contract work, the model unit developed a broad array of technical and staff capabilities and contributed to a wide range of agency decisions and activities. The project developed a conceptual framework describing the role that program evaluation can play as an aid in agency decisionmaking, planning, and management; adopted several scientific techniques of project management; reviewed and refined the PBVR Management Information System; and developed improved methods and networks for disseminating program evaluation information to key agency decisionmakers. It also developed and improved several analytical techniques designed to improve the quality of evaluation information, trained staff in program evaluation, and developed a technical assistance center. The report outlines the steps involved in a program evaluation and the tasks that the PBVR's Program Evaluation Section performs each year to support agency planning and program management. It expands upon the evaluation capacities developed and projects completed, including the development of procedures for increasing the use of similar benefits, the expansion of internal dissemination activities, and the refinement of the PBVR case review process. Recommendations for establishing an effective program evaluation unit emphasize that the unit should be able to provide meaningful information; that it should include statisticians, management analysts familiar with data processing, and program analysts with field experience on its staff; that it should have open lines of communication with other sections in the central office; and that it should have access to all data filed. See also related documents, SHR-0009074—SHR-0009077.

382. Maddox, George L.; Siegler, Ilene C.; and Blazer, Dan G.
Duke Univ., Durham, NC. Center for the Study of Aging and Human Development.
Families and Older Persons: Policy, Research, and Practice.
1980, 185p
SHR-0009173 Available from Duke Center for the Study of Aging and Human Development, Box 3003, Duke University Medical Center, Durham, NC 27710.

This book contains essays, panel discussions, and workshop reports on relationships between adult children and their parents and the family life of older persons. The opening address describes living arrangements and characteristics of the elderly and then highlights questions relating to older people in the family context that must be resolved in future public policies. The first group of four papers offers different perspectives on the family, beginning with historical changes in family patterns that affect the elderly. Other presentations examine the family's function in the United States and Europe, analyze the effects of governmental policies on families, and explore Dr. Murray Bowen's family therapy theories. The next set of papers focuses on the family as a context and resource in later life, with attention to the role of the family in health care of older adults and widows. A controversial approach to assuring adequate income over the lifespan suggests that the government sell inflation–adjusted lifetime annuities based on some reasonable real–return assumption. A panel discussion on policy formation and the families of older people is summarized. Workshop reports cover long–term physical placements, the role of the family in managing mentally ill older persons, health care for families, conflicts between generations, and legal aspects of family relationships. References or notes accompany several papers. Proceedings of a National Conference and Related Workshops, Asheville, North Carolina, May 18-20, 1978.

383. Magan, Geralyn Graf.
American Association of Homes for the Aging, Washington, DC.
White House Conference on Aging: Mini-Conference on Long-Term Care. Final Report.
1980, 64p
SHR-0009237 Available from American Association of Homes for the Aging, 1050 17th Street NW, Suite 770, Washington, DC 20036.

Government officials, providers, and consumers discussed neighborhood or community services for the elderly. The conference began with presentations from the directors of five model community long-term care projects. These were followed by work sessions with five different working groups, each of which focused on one of the following topics: planning and evaluation, program and case management, organization, human resources, and financing. Each working group developed recommendations on its topic of concern. Attention was given to new opportunities in service delivery, independence of the individual, and individual concerns such as freedom of choice and quality of life The role of the family and other informal supports, both in service delivery and in financing for a long-term care system, was given priority. In addition, an informal consensus was reached on the need for comprehensive community planning and coordinating mechanisms for the delivery and management of long-term care services. The miniconference also developed policy guidelines for elements of long-term care systems. The report contains the specific recommendations from each working group, issues for study related to each working group's topic, descriptive summaries of the five model community long-term care projects, a compendium of current data and projections on long-term care, opening and closing remarks, and a list of conference participants. Graphs and charts are included. Held on December 10-12, 1980, Reston, Virginia. Author abstract modified.

384. Mainzer, Richard; Fussell, Ken; and Landy, Joan.
Maryland State Dept. of Education, Baltimore. Div. of Special Education.
Resource Manual for Program Developers. Level I.
1980, 77p
SHR-0008516 Available NTIS PC $10.50/MF $4.00

The intent of Level I general education services in Maryland is discussed and service delivery models and exemplary practices consistent with Level I parameters are outlined. The State's Level I services, which incorporate the least restrictive environment concept in Public Law 94-142, are designed to assist the nonspecial education teacher in developing and implementing a special education program for handicapped students within the general school environment. Level I is crucial to the success of many handicapped children receiving at least part of their education in the general education classroom. A survey of 20 Maryland counties reveals that all have special educators delivering Level I services. They identified inservice needs in the areas of consultation skills and identification, selection, curriculum modification and adaptation, and materials and instructional techniques. Useful models for counties providing Level I services are described. These include the Functional Analysis Systems Training model, the New Adventures in Learning model, and the Vermont Consulting Teacher Program. Startup costs, materials and training needed, and objective and procedures are delineated for each model. The principles and operation procedures involved in successful educational consultation are also discussed. An annotated bibliography of 22 works, the survey used, and a description of each service level are included.

385. Malitz, Dave.
Texas State Dept. of Human Resources, Austin. Research and Evaluation Div.
Project to Prepare Hard-To-Place Children for Adoption: Evaluation Report.

385.

25 Jun 81, 8p
SHR-0009142 Available from Texas Department of Human Resources, Research and Evaluation Division, PO Box 2960, Austin, TX 78769.

Evaluation findings of an innovative method of dealing with hard-to-place children for adoption in Texas are discussed. In 1979, data were collected on a total of 26 experimental cases and 59 control cases. The data were analyzed to determine ways in which the experimental and control units differed in the amount of time spent on the various case management phases, differences in the severity of the children's problems served by the two units, and differences in the success of the placements. Adoptive case management phases include the preparation, holding, and supervision phases. The preparation phase extends from the date of legal freedom to the date at which the child is judged ready for adoption. The holding phase starts when the child is ready for adoption and ends with the date of placement. The supervision phase extends from the date of first placement to the date of consummation. Since one of the major features of the experimental unit was a concentrated effort to properly prepare children psychologically and emotionally for adoption, it was expected that the experimental unit would spend more time, on the average, in the preparation phase than the control unit. If successful, this intensive preparation should result in a shorter holding phase and a shorter supervision phase. Overall, little difference was found between the two groups in the total amount of time spent for the entire three phases, with the process taking about 1 year and 9 months for the experimental group and 1 year and 5 months for the control group. Data showed that the children handled by the experimental unit were harder to place than the control unit's children. They had remained in abusive relationships about twice as long as the control children and more of them suffered from very severe problems. Nevertheless, the experimental unit achieved about a 90-percent successful placement rate, which was comparable to the control unit's success rate. Three tables and one figure are included.

386. Mayer, Neil S.; and Blake, Jennifer L.
Urban Inst., Washington, DC.
Keys to the Growth of Neighborhood Development Organizations.
1981, 96p
SHR-0009125 Available from The Urban Institute, 2100 M Street NW, Washington, DC 20037, order number URI32600.

This study defines key characteristics of neighborhood development organizations (NDO) and relates these features to an NDO's capability to undertake successfully diverse community activities such as housing rehabilitation or economic development. Major information sources were site visits to 12 NDO's throughout the United States, interviews with recognized experts, and an extensive literature review. Factors that influence community development work are divided into three groups: characteristics internal to an organization, such as staffing and management; an NDO's relationships with the community and outside groups; and the economic, social, and political environment in which an organization operates. This analysis found that staff expertise, community support, assistance from a variety of external sources, and resourcefulness in responding to environmental constraints were critical to success. A set of processes that appear to be common to NDO growth are described, along with specific capabilities that characterize organizations as they mature. The kinds of funding and hands-on technical assistance that may be valuable to NDO's are examined, with attention to the stages in NDO growth at which various forms of assistance may be particularly important. Controls over the use of outside technical aid and designing assistance projects for gradual elimination are discussed. The section on performance measures focuses on the implementation of specific neighborhood revitalization projects and the development of NDO capabilities for similar future work. Additional factors that an evaluation should consider are identified, including leveraging and community self–help, indirect impact on neighborhood conditions, and the importance of NDO projects to the community.The appendices describe the research methodology and list the 12 NDO's that constituted the study sample. Chapter notes are supplied.

387. Metropolitan Dade County Dept. of Human Resources, Miami, FL.
Social and Economic Problems Among Cuban and Haitian Entrant Groups in Dade County, Florida: Trends and Indications. Phase 1: Entrant Interviews, Phase 2: Key Persons/Agency Interviews.
Aug 81, 141p
SHR-0008742 Available NTIS PC $13.50/MF $4.00

This report presents the results of a study that assessed the social and economic problems of recently arrived Cubans and Haitians in Dade County, Fla. An understanding of the concerns faced by the county should give a sense of direction to government agencies and other organizations planning the delivery of services to these populations. A total of 411 entrants were interviewed for the study: 255 Cubans applying for cash assistance, 50 Cubans in jail, 52 Haitians applying for cash assistance, and 54 Haitians in social service programs. The report presents a demographic description of the entrant populations, a discussion of residence and family structures among the Cubans and Haitians, and an examination of the immediate needs and long–term problems of these groups. Also explored are the educational resources and needs of the groups, along with their use of transportation systems, their consumption of media, and their use of the legal system. The Cuban entrants were more economically marginal, less occupationally sophisticated, and younger than previous Cuban entrants, as well as being predominantly male. Haitians were less educated than the Cuban populations; most were illiterate and younger than the Cubans. Both Cuban and Haitian groups find it difficult to find employment because of inadequate training in job skills and little proficiency in English. Cubans showed a tendency to scale back their employment expectations, and Haitians expressed a high level of motivation to go to school to learn the necessary skills. The entrants also face serious housing problems and indicate a certain degree of sadness and depression. However, both groups felt that they have control over their lives and that they have people in the country who care for them. Data tables, the needs assessment questionnaire, footnotes, and the interview instrument are included. Author abstract modified.

388. Millar, Rhona; Millar, Annie; Hatry, Harry; and Schainblatt, Alfred.
Urban Inst., Washington, DC.
Administrator's Guide to Social Service Client Outcome Monitoring.
Sep 81, 21p
SHR-0009296 Available from The Urban Institute, 2100 M Street NW, Washington, DC 20037, Attn: The Urban Institute Press.

This guide for State and local social service agency administrators (both public and private) provides an overview of client outcome monitoring issues, including the uses of client outcome information, agency choices in implementing monitoring procedures, data collection approaches, and limitations and problems in client outcome monitoring. Client outcome monitoring involves systematically assessing on a regular basis what happens to agency clients after they come in for services. Information on critical events and on client improvement in functioning or reduction in problems is produced by outcome monitoring procedures. The agency administrator will need to make the final decisions on which clients, programs, and services will be covered by the monitoring procedures and on what outcome indicators are desired and which data collection approaches

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should be used. The outcome monitoring procedures should probably focus on groups of clients and include all services that are likely to be provided to those clients. The alternative is to focus on the outcomes of particular services that the same clients are likely to receive. In collecting outcome data, agency records are of little use for directly indicating the clients' level of functioning or problem level, the clients' satisfaction with services, or the clients' perception of the extent to which their condition improved. Trained professionals (caseworkers) have the ability to rate the client's condition, but this duty might overburden the worker. Agencies should use agency record data to obtain information on selected outcome indicators, and caseworkers should periodically rate the client's condition. Some form of feedback from clients seems desirable. Outcome monitoring cannot indicate why a program is performing the way it is or how a program can be improved. There are few national standards on agency outcomes, and none of the methods for collecting outcome data is foolproof. Actions needed in designing and implementing monitoring procedures are outlined, as are actions needed after implementation. Tables and illustrative reports of outcome findings are included. See also related document, SHR-0009297.

389. Millar, Rhona; Millar, Annie; Hatry, Harry; and Schainblatt, Alfred.
Urban Inst., Washington, DC.
Developing Client Outcome Monitoring Systems: A Guide for State and Local Social Service Agencies.
Sep 81, 276p
SHR-0009297 Available from The Urban Institute, 2100 M Street NW, Washington, DC 20037, Attn: The Urban Institute Press.

This guide discusses the steps necessary in developing client outcome monitoring procedures, explains how to construct indicators of client outcomes and how to select data collection approaches, and discusses how to use client outcome data. The steps in developing monitoring procedures involve obtaining and conveying top management commitment; establishing a client monitoring system working group; choosing which programs to monitor; and determining specific uses, analyses, and reports that are needed. Other steps include selecting the outcome indicators and data collection approaches, designing the data collection process, implementing this process, and maintaining the monitoring procedures. Data can be collected from clients, caseworkers, or agency records. A system that obtains both information on critical event outcomes (from agency records) on change in functioning and on client satisfaction (from clients) will probably be most satisfactory over the long run to most service agencies. Procedural issues and implementation steps involved in the data collection process are detailed, and criteria for instruments selection are spelled out. Data analyses and reports needed are discussed, the limitations of client outcome monitoring reviewed, and utilization strategies for a monitoring system are noted. Methods of maintaining the outcome monitoring system's quality are also mentioned. About 40 references and data collection instruments are appended. Tables and footnotes are supplied. See also related document, SHR-0009296.

390. Monro, Alexander.
Syracuse Univ., NY. All-Univ. Gerontology Center.
Aging Services Network and the Unique Role of the Multi-purpose Senior Center: An Independent Study Unit.
Nov 81, 88p
SHR-0009124 Available from Syracuse University, All-University Gerontology Center, Syracuse, NY 13210.

As part of a training package for senior citizen center directors, this volume discusses the knowledge and skills needed to activate the aging services network, with attention to special needs of the vulnerable elderly. An historical overview of Federal policies and programs for the aging is followed by a detailed description of the aging services network at Federal, State, and local levels. The section on the multipurpose senior center covers its philosophy and major characteristics relating to staff, clients, program, and physical facility. Standards adopted by the National Institute of Senior Centers are reviewed, and a self–assessment questionnaire based on these criteria is provided. Also detailed are relationships between and among the principal components of the network, methods of defining the vulnerable elderly, and program designs for this group. A matrix of vulnerability and needs suggests that an older person who is very vulnerable will depend almost completely on others to satisfy needs, even though they may involve esteem and growth as well as survival. A conceptual model of a continuum of services is presented, along with formats for determining what services should be included. Linkages and responsibility for the continuity of services in the continuum are examined. Finally, the unique role of the senior center in improving services for the elderly is discussed. References, charts, and exercises accompany each chapter.

391. Monroe County Dept. of Social Services, Rochester, NY.
Cutting Day Care: The Impacts of Reducing Day Care for Low Income Clients.
Feb 82, 18p
SHR-0009250 Available from County of Monroe, Department of Social Services, 111 Westfall Road, Rochester, NY 14620.

This report discusses the consequences of eliminating subsidized day care for low–income clients in Monroe County, N.Y. On July 1, 1981, the Monroe County Department of Social Services eliminated subsidized day care for low–income working clients who were not receiving basic assistance. As a result, several groups of clients either lost their subsidized day care completely or began paying substantially more for it. A followup 3 months later indicated that most of the clients had made acceptable alternative child care arrangements even though some of these may have involved substantial household changes, such as resigning from work to stay home, changing work hours, leaving children at home alone after school, or leaving children in an older sibling's care. Few clients were referred to Child Protective Services after the reductions. Less than 10 percent of the clients began receiving public assistance in the period between when the cuts were first announced and 3 months after they were implemented. Of those who did begin receiving assistance, nearly one–third were employed and were receiving assistance to supplement low wages. Tables are included. Survey data and client responses are appended. Author abstract modified.

392. Mooney, James J.
Metropolitan Dade County Dept. of Youth and Family Development, Miami, FL.
Quarterly Review Process: A Tool for Agency Accountability, Productivity, and the Management of Change in the 80s.
1981, 18p
SHR-0009189 Available from Metropolitan Dade County, Department of Youth and Family Development, 1701 NW 30th Avenue, Miami, FL 33125.

This paper examines the Quarterly Review Process (QRP), a management tool used by the Department of Youth and Family Development in Dade County, Fla., to monitor human services delivery. The QRP affects various management levels and has several tasks, including establishing organizational goals, planning programs, monitoring their progress, securing financial resources, and revising organizational structures. Its usefulness is directly related to increased participation by workers as well as line supervisors. The QRP was implemented by the department in 1975 and, after several changes, now

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operates within three formal phases and a preplanning and followup stage. The preplanning stage involves the collection of statistics on clients served, caseloads, and services provided. The director of professional services discusses these data individually with each departmental division to produce an agenda of issues and recommended action items. The second phase consists of a meeting of the director and the division directors. Issues such as training programs, program allocations, publicity, and relations with community agencies are explored, and resultant recommendations are predicated on a departmental viewpoint as well as individual program needs. The third phase is a separate meeting of each division with the departmental director, assistant director, and director of professional services. Issues and recommendations from the previous two phases are reviewed, and work plans are mapped for the next quarter. In the followup phase, this information is disseminated to line and supervisory staff who provided the initial data. The QRP occurs over a 2-week period at the end of each quarter, and written reports are prepared at completion. Footnotes are included. Paper for the Seventh NASW Biennial Professional Symposium, Philadelphia, Pennsylvania, November 18-21,1981.

393. Muzzio, Timothy C.; Koshel, Jeffrey J.; and Bradley, Valerie.
Urban Inst., Washington, DC.
Alternative Community Living Arrangements and Non-Vocational Social Services for Developmentally Disabled People.
Oct 81, 413p
SHR-0008825 Available NTIS PC $30.00/MF $4.00

This report is intended to provide developmental disabilities councils and others with information that will assist them in promoting and coordinating alternative community living arrangements and nonvocational services to developmentally disabled people. Its focus is on those issues likely to confront the field of developmental disabilities in the 1980's. The identification of important issues was accomplished through a literature review, a survey of developmental disabilities councils, and a conference of experts. Some of the issues identified for discussion include (1) the effect of decentralization of services on current quality assurance mechanisms, (2) the ways in which consumers of services can be more equal participants in the service process, and (3) the appropriate balance between generic and specialized services. Some of the key findings of the report indicate that demand has exceeded the supply of community services; that resources available to community programs are inadequate; and that resources are often unavailable for most cost-effective residential and nonvocational social development services, while more restrictive arrangements receive the bulk of the funding. Not only are certain types of services limited in their ability but certain types of clients, particularly the mentally retarded and those with behavior problems, tend to be underserved. Further, existing models of community care, particularly residential care, are not necessarily designed to meet the individual needs of each resident. Nonvocational social development services have tended to be underemphasized by community service planning and, as a result, existing systems typically consist of residential services, vocational services, and case management. Programs must be flexible if they are to meet specific client needs; emphasis should be placed on ensuring continuity and coordination of care for clients. Chapter references and footnotes are included, and an appendix presents a list of reference materials for developmental disabilities planners. Author abstract modified.

394. Muzzio, Timothy C.; Koshel, Jeffrey J.; and LaRocca, Joseph.
Urban Inst., Washington, DC.
Independent Living Rehabilitation: Lessons From Five Demonstration Projects.
1980, 141p
SHR-0008823 Available NTIS PC $13.50/MF $4.00

This report describes a number of independent living rehabilitation (ILR) projects and evaluates their success. ILR projects have developed since the late 1950's and 1960's as a means of allowing mentally impaired individuals to participate fully in the day–to–day life of the community. The concept has been extended to nonvocational and vocational service programs for persons with a variety of handicaps. ILR demonstration projects have provided the data necessary for establishment of a number of new rehabilitation projects. Five such projects mandated by the Rehabilitation Act of 1973 and funded in 1975 are described: the Institute of Rehabilitation Medicine in the New York Office of Vocational Rehabilitation; the Department of Rehabilitation Medicine at the University of Washington; the Utah Division of Rehabilitation Services; the Texas Commission for the Blind; and the Center for Independent Living in Berkeley, Calif. Each represents a different approach to rehabilitation services, using such methods as peer counseling, team approaches, rehabilitation specialists, and advocacy. Evaluation of the projects suggests that clients have benefited substantially from provision of ILR services, are engaging in more social activities, and have improved in their overall functioning. The services are, however, very expensive. Critical areas of need identified and filled are equipment to assure mobility (e.g., wheelchairs and hearing aids); basic services, especially hospitalization, surgery, and physical therapy; household management services such as financial management, shopping, and meal preparation; transportation and training in use of transportation systems; and identification of barrier–free housing and buildings. Other needs met by the projects include facilitation of participation in social activities, and maximization of physical function through modification of equipment and physical therapy. ILR efforts can be improved in the future by implementing a uniform reporting / evaluation system; by coordinating services for all types of severe physical handicaps; by involving consumers in initial planning, advising, and management and delivery of services; and by keeping abreast of technological developments helpful in assisting particular client groups. Extensive appendices describe ILR legislation, discuss the peer counseling approach that has become an integral part of the ILR concept, and provide samples of the forms used to gather data for the study. Research paper.

395. National Conference on Social Welfare, Columbus, OH.
Case Management: State of the Art.
15 Apr 81, 256p
SHR-0008525 Available NTIS PC $21.00/MF $4.00

The report provides an overview of current case management knowledge for developmental disabilities State planning councils and other decisionmakers. The document attempts to capture the complexity inherent in using case management as a tool for assisting persons with developmental disabilities in gaining access to social, medical, educational, and other services. In the first section, the proceedings from a National Case Management Conference held October 21 to 23, 1980, in Indianapolis, Ind., are summarized. At its conclusion, the conferees stressed the need for defining the client group served and its needs, the consequences of incorporating a new process into the delivery system, and the advisability of involving clients and their families in a flexible case management system. Other issues of interest included value issues inherent in case management, the importance of evaluation, training issues, ethical behavior and personal supports of case managers, and the use of computers. To be effective, case management should be one component in a delivery system that also features a synergistic administrative structure, an adequate inventory of service resources, and support mechanisms for needs assessment. The principal issues in case management are raised in a series of six position papers contained in the second section. The topics addressed are the function of case management within the context of a comprehensive service system, the

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role and training of the case manager, and barriers at the micro and macro levels to the implementation of a case management system. Also covered are a multilevel model for operation of a case management system, management tools such as resource exchange networks essential to case management, and the history, guidelines, and practice trends of case management. Extensive appendices contain a bibliography, separate descriptions of a number of case management programs in various States, and a list of national and State case management experts.

396. National Easter Seal Society, Chicago, IL.
Easter Seal Work Centers: A Guide for the '80s.
Nov 81, 15p
SHR-0009094 Available from National Easter Seal Society, 2023 West Ogden Avenue, Chicago, IL 60612.

This booklet outlines the steps necessary to reorganize an Easter Seal sheltered workshop into a self-sufficient work center that is less dependent on Government funding sources. The first phase focuses on a review of the vocational rehabilitation facility's mission statement, with attention to involving the business community, generating a profit without jeopardizing nonprofit tax status, and adopting a businesslike name that avoids references to disabilities. Following a discussion about the work center's dual functions as a business and a rehabilitation program, the guide suggests that the industrial environment model be adopted. Methods of reorienting staff and board members are described, along with sources of business expertise. Other recommendations address business management training for management staff and procuring subcontracts, including a long-range plan for securing subcontract work. Suggestions are offered concerning the production of prime products, marketing, and improving contacts with the business community. Finally, a long-range planning process to develop the work center into a profit-generating program is detailed. Based on recommendations and discussions emanating from an Easter Seal Workshop Administrators Planning Meeting conducted June 25-26, 1981, in Newark, New Jersey.

397. National Governor's Association, Washington, DC. Center for Policy Research.
1982 Governor's Guide to Block Grant Implementation.
Feb 82, 131p
SHR-0009327 Available from National Governor's Association, 444 North Capitol Street NW, Washington, DC 20001.

The bulk of this report consists of 48 States' responses to the National Governors' Association survey requesting information on (1) policy changes associated with human resource and community development programs folded into the new block grant programs, (2) planning or management practices being applied to block grant implementation, and (3) major problems encountered from which States could learn. Results indicate that State Governors have made use of task forces to bring about closer executive / legislative cooperation, to increase the public's participation in decisionmaking, and to coordinate interexecutive agency actions. Governors have also used existing State mechanisms and have established committees to implement block grants. State officials are overwhelmingly concerned about current and proposed budget cuts. State approaches to cope with this problem included budget reductions for 1982, while preparing strategies for 1983; priority-setting for more discrete targeting of State funds; acceptance and allocation of all Federal funding, regardless of funding stream; and budget processes driven by policies to be tested against 1982 shortfalls. Reports of improvements to State planning and management systems involve fostering citizen participation in decisionmaking, disseminating information on progress and achievements to the general public, and other tactics. Community and human services policies and program changes have also been noted in several State reports; many States are targeting State resources and moving recipients off welfare roles into employment, and others are taking initiatives to improve the return on public expenditure for education. Overall, States have moved quickly to assume responsibilities and opportunities offered by the block grants. Public participation in these programs is increasing; legislatures and local governments are being drawn more fully into program decisionmaking; administrative flexibility is being tested; and transferability of funds is being used, but not yet on a significant scale. Tables and the survey questionnaire are included. A list of block grant contacts and of organizations conducting block grant surveys are appended. Part of the Federalism Information Center, a 2–year effort to track the States activities during the implementation of the new block grant series.

398. National Inst. of Handicapped Research, Washington, DC.
Report From the Study Group on Peer Counseling as a Rehabilitation Resource.
May 81, 51p
SHR-0009041 Available from Arkansas Rehabilitation Research and Training Center, Hot Springs Rehabilitation Center, PO Box 1358, Hot Springs, AR 71901, order number 1164.

Prepared for State vocational rehabilitation agencies, this document discusses the benefits and limitations of peer counseling, as well as the selection, utilization, and training of peer counselors in rehabilitation. An historical overview of peer counseling in the context of self–help movements in the United States identifies specific self–help groups, such as Alcoholics Anonymous and Synanon, and describes the success that peer counseling has achieved in independent living services. Several approaches to peer counseling that are being used in these projects are detailed. Many peer counselors work as paraprofessionals under a professional counselor, while others are involved in outreach activities, offer information services, or teach living skills. Some agencies employ former clients as independent counselors. Personal characteristics and skills that a peer counselor should possess are outlined, as are their general functions. Ethical issues that may confront individuals serving as peer counselors are explored. Following a discussion of benefits that peer counseling can offer the rehabilitation client and the system as a whole, issues that agencies should consider before implementing such a program are reviewed. Administrative problems are also addressed, including personnel policies, legal concerns, and program size. Specific administrative responsibilities are defined in terms of seven major phases in implementing a peer counseling program: needs assessment, publicity and recruitment, orientation session, development of a manual, peer training workshop, supervision and monitoring, and program evaluation. Finally, guidelines for planning and conducting programs for rehabilitation personnel in peer counseling are presented. Charts and 25 references are provided. Eighth Institute on Rehabilitation Issues, May 26-28, 1981, Chicago, Illinois. Prepared by a Prime Study Group of the Institute on Rehabilitation Issues.

399. Nebraska Governor's Planning Council on Developmental Disabilities, Lincoln. Planning Committee.
Report of the Task Force on Family Support Services.
Mar 80, 72p
SHR-0009172 Available from Division of the Developmentally Disabled, PO Box 95007, 301 Centennial Mall South, Lincoln, NE 68509.

This report reviews the literature on the needs and problems of families with a developmentally disabled member and discusses the Nebraska

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task force's efforts regarding family support services. Research studies reflect an increasing concern by human service professionals with families of developmentally disabled persons and a shift from a medical orientation to an interdisciplinary approach. A summary of the planning process that resulted in selecting family support services as a statewide priority area focuses on the Comprehensive Services and Developmental Disabilities Amendments of 1978. The activities of the task force, created in October 1979, are detailed. This group selected six priority service areas: general training, family subsidy, respite care, interagency coordination, family counseling, and leisure activities. The task force's recommendations are presented for each area, along with a discussion of benefits, costs, alternative means of implementation, and problems. Over 30 references are included. The appendices contain a list of task force members, correspondence, minutes of task force meetings, texts of relevant legislation, a needs assessment, and a summary of respite care policies and programs in 12 States.

400. New York State Commission on Quality of Care for the Mentally Disabled, Albany.
Strengthening Patient Advocacy: A Review of the Mental Health Information Service.
May 80, 69p
SHR-0008422 Available from Commission on Quality of Care for the Mentally Disabled, 99 Washington Avenue, Albany, NY 12210.

This is an appraisal of the Mental Health Information Service (MHIS), created to protect the legal rights of mentally disabled persons. In carrying out this mission, the service has not only served persons admitted for care and treatment, but has also provided assistance to the courts similar to that of a probation service. Its activities have become more complex with the addition of new functions, such as the legal representation of patients and the expansion of its clientele to include the developmentally disabled and alcoholics. Despite the expansion of MHIS, the core responsibility remains the legal representation of patients in the process of admission to or retention in mental hygiene facilities. Additional duties are investigating allegations of abuse and providing legal representation to patients or residents, and reviewing the status of persons conditionally released from or voluntarily admitted to a mental hygiene facility. Conflict exists between the responsibility to provide independent legal representation for patients and at the same time to provide the court with confidential assessment of patients or residents. This dilemma also affects the service's authority to investigate allegations of abuse or mistreatment and to review the suitability of patients to remain in a conditional release or voluntary admission status vis-a-vis its responsibility to serve as counsel. The major concern regarding agency management is the lack of uniformity in services and the failure of the service to emerge as a statewide agency. MHIS's organizational placement in State government and the management of the agency's operation are additional concerns. It is recommended that the administration of MHIS be centralized regardless of its organizational placement in the judiciary or the executive department. Also, a board of directors for MHIS should be established and statewide priorities defined. The service should streamline its efforts to concentrate on legal advocacy services and coordinate them with other advocacy agencies for greater efficiency. Author abstract modified.

401. New York State Dept. of Social Services, Albany.
Uniform Case Recording Standards: Casework Manual.
Jan 81, 84p
SHR-0008822 Available from Department of Social Services, 40 North Pearl Street, Albany, NY 12243.

This manual is for local social service districts and voluntary agencies in New York State that must satisfy the statutory requirement of the law and the regulatory requirements of the New York Department of Social Services concerning uniform case recording and child service planning. An overview of the case recording process and general form requirements is presented in graphic form with accompanying narrative description. The general requirements describe what types of cases apply to each section, the time frames in which the case recording components are to be completed, and any exceptions or special circumstances to be considered. The cases for which these requirements apply include all foster care, preventive services for children, adoption, and certain protective service cases. Also included in the manual are major sections of the record containing forms used in child service planning. Each form is followed by a brief statement or purpose, a description of procedural requirements, and specific instructions for that section. Appendices provide a list of definitions of various services and 26 references.

402. New York State Temporary State Commission on Child Welfare, Albany.
Child Protective Services in New York State.
May 80, 163p
SHR-0008024 Available from ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC/EECE), College of Education, University of Illinois, Urbana, IL 61801.

This report on the child protective services in New York State is the result of a year-long study conducted by the Temporary State Commission on Child Welfare. After a brief discussion of the historical background and a description of the present basis and methods of State and local operations in the child protective services field, this report discusses four selected facets of the system including functions of State agencies within the child protective system, the State Central Register, civil service issues and training, and the role of societies for the prevention of cruelty to children. The report identifies the ways in which State policies, services, and guidance affect, for good or ill, the services delivered in the field. The study found that the role of the State Department of Social Services in setting and enforcing regulations and standards for local social services districts needs greater clarification and specificity. Prompt dissemination of regulations and technical assistance for State Department of Social Services staff are needed. A lack of understanding and an absence of uniformity exists in the procedures followed by the State Central Register and local registers in accepting, reporting, and providing guidance in handling child abuse and neglect cases. Policies and procedures must be prepared or clarified to standardize the responses and actions of State and local child abuse registers on the situations brought to their attention. In addition, inadequate provision has been made for the training of child protective staff, and even the responsibility for providing training is unclear under present law. Adequate pay scales should be adopted by local social service districts to encourage retention of staff. Finally, societies for the prevention of cruelty to children should have to meet the same recordkeeping requirements as other authorized agencies in the child welfare field. Chapter references and proposed legislation are included. Author abstract modified.

403. Office of Science and Technology Policy, Washington, DC.
Principal Findings and Recommendations on Strengthening Intergovernmental Science and Technology.
30 Jan 79, 10p
PB80-171028 Available NTIS PC $6.00/MF $4.00

Based on a review of about 50 intergovernmentally oriented Federal research and development (R and D) programs as well as consultations with practitioners in the field, the Intergovernmental Science, Engineering, and Technical

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Advisory Panel (ISETAP) outlines major steps that should be taken if citizens are to benefit more from federally supported R and D activities. This survey concluded that the most effective R and D programs had involved State and local governments in problem selection, agenda setting, and dissemination. While Federal efforts in this area need to be improved, it is also essential that jurisdictions establish their own procedures for instigating projects, as well as use the products of Federal research projects. At this point, the connection between research and practice in State and local governments generally is weak. Recommendations to redress this situation cover greater participation by State and local governments in planning research agendas and efforts to increase their abilities to apply technology to problems, with particular attention to the role of intermediary organizations. Other suggestions consider the ISETAP's functions, utilization strategies based on research brokerage experiments and lateral transfer of technology applications, and a centralized source of Federal support.

404. Olmstead, Judith V.; Lichtenstein, Karen R.; Hall, Joan; Langenes, David J.; and Thompson, Joann K.
Washington State Dept. of Social and Health Services, Olympia. Office of Research.
Children's Service Needs Assessment: Final Report.
Nov 81, 102p
SHR-0009169 Available from Office of Research, Department of Social and Health Services, OB-2 MS 34A, Olympia, WA 98504, order number 07-21.

This summary, one of six reports analyzing the first 2 years of the Children's Service Needs Assessment project in Washington State, compares children in Child Protective Services (CPS), Crisis Intervention Services (CIS), receiving homes, family foster care, and group homes. It addresses four major issues: whether the children served by each program fit with the general program guidelines, if the pattern of service provision is logical and appropriate, the major functional needs (mental health, physical health, and education) of the children in each program, and each program's long-term goals for the children in each program. Children in family foster care were surveyed from February to June 1980. Children in CPS, CIS, group homes, and receiving homes were surveyed from October to December 1980. Samples were selected to obtain information on a statewide rather than a regional basis. For each population studied, the questionnaires explored topics common to all populations and also included items relevant only to that particular population. Included for all populations were reasons for service, the child's placement history, characteristics of the child's family, the child's current legal status, and plans for the child's future. General findings were that mental health needs are substantial for all the populations studied; school performance is poor, and many children need special education services; birth control information is a most frequent unmet need; and many of the children are from single-parent families. Long-term plans are related to the child's age, with older children more likely to remain in long-term care. The children's service needs generally are consistent with placement guidelines. CIS and group home children are older and come from families with higher incomes than the CPS and family foster care children. Finally, a major barrier to adoption is incomplete court work. Footnotes, 41 tables, and study data and instruments are supplied. Part of the Children's Service Needs Assessment Task Force. Author abstract modified.

405. Pennsylvania Bureau of Vocational Rehabilitation, Harrisburg. Program and Evaluation Section.
We've Only Just Begun. A Comprehensive State VR Program and Policy System Through a Model Evaluation/Management Support Unit. Final Report: Appendices.

Sep 81, 374p
SHR-0009077 Available from Bureau of Vocational Rehabilitation, Room 1318, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, PA 17120.

This volume presents appendices to the final report of the Pennsylvania Bureau of Vocational Rehabilitation's model State program evaluation unit, made possible by a 3-year Federal contract. The overall objective of the contract was to provide models of evaluation capacities for later national implementation. A total of 49 appendices are presented, covering the Pennsylvania Bureau of Vocational Rehabilitation organization prior to the contract, the program evaluation section organization for the contract, the bureau's structure as of September 1981, goals and objectives for 1981, and study instruments. Also included are a flow chart showing dissemination and utilization activities, program evaluation update and articles, management information review procedures, and a flow diagram. Most of the material is in the form of charts and diagrams. See also related documents, SHR-0009073—SHR-0009076.

406. Petersen, Roger D.
Maryland Dept. of Human Resources, Baltimore.
Maryland Foster Care Impact Project: A Project Evaluation With Followup at 18 Months.
May 81, 39p
SHR-0009311 Available from Research Center, School of Social Work and Community Planning, University of Maryland, 525 West Redwood Street, Baltimore, MD 21201.

This report evaluates the Maryland Foster Care Impact Project, which operated from late 1976 to October 1978. It covers the project's work in Wicomico and Prince George's Counties. The project sought to demonstrate that "foster care drift" could be overcome with children who had been in foster care 2 or more years and to formulate plans for removing a child from foster care if necessary and to work toward implementing these plans. Methods used to achieve these goals included aggressively trying to locate the birth parents, working to reinvolve them in their children's lives, and having them reassume responsibility for their children. The evaluation covers the 102 children served by the project in the 2 counties. Success is defined as returning home, being adopted, or being emancipated where emancipation was not expected and scheduled. The project met or exceeded its goals and demonstrated that foster care drift can be overcome almost 50 percent of the time, even with children who have been in care for years. The State should apply the project's philosophy and methods to the entire State caseload. This should enable the State to considerably reduce its caseload and to reduce costs. Footnotes and a data collection form are included. Author abstract modified.

407. Phillips, Maxine.
Child Welfare League of America, Inc., New York.
Child Welfare League of America: Statement on Child Advocacy.
1981, 21p
SHR-0009212 Available from Publications Service, Child Welfare League of America, 67 Irving Place, New York, NY 10003.

This statement, prepared in response to a demand from child welfare administrators, supplements the Child Welfare League of America's service standards series. It asserts the League's philosophical position on advocacy, describes generic goals of advocacy, and offers guidelines for the implementation of advocacy activities. It asserts that agencies and organizations serving children and their families need to conscientiously examine their advocacy efforts and reaffirm their commitment to children through intensified advocacy activities. Guidelines for child advocacy cover process, issues, tax-exempt status, and advocacy tools (i.e., influencing legislation, administrative and regulatory agencies, and public hearings, taking legal action, and analyzing and influencing budgets). Child advocacy components include fact-finding; educating the public via pamphlets, advertising, speakers bureaus, and public forums; and taking positions. Agencies should limit their positions to areas that affect children and should be prepared for the controversy that may result. Good position statements require investigating the issue, giving advance notice of action, clearly defining the group that is taking the position (e.g., the board of directors, a board committee, a federation of children's agencies), providing information to affiliates, and keeping the agency's own board and staff informed. Other components of child advocacy are liaison responsibilities, coalition building, unilateral action, monitoring, and evaluation. One note, 12 selected references on advocacy, and an annotated bibliography of 14 publications on advocacy are provided.

408. Pisani, Joseph R.
New York State Temporary State Commission on Child Welfare, Albany.
Our Children are Waiting for Adoptive Homes: A Review of New York State Adoption Services.
1 Jan 82, 58p
SHR-0009098 Available from Subcommittee on Child Abuse, Senate Office Building, Room 505, The Capitol, Albany, NY 12247, Attn: Joseph R. Pisani, Chairman.

This report to the New York State Legislature discusses the impact of the State's reforms in foster care and adoption services and then presents an aggressive plan to promote adoption based on established marketing techniques. A review of the changes in the foster care and adoption systems that were enacted in the 1970's covers recodification of the laws freeing a child for adoption, an adoption subsidy program, judicial review of the status of foster children, improved information and monitoring systems, and the Child Welfare Reform Act of 1979. However, the State has been very slow in implementing these reforms and the proportion of adoptions in the foster care population has remained virtually unchanged. This report suggests that the Department of Social Services (DSS) with special funding from the legislature adopt marketing, research, and advertising techniques to raise public awareness of the many children available for adoption and encourage individuals to consider adoption. In this plan, profiles of legally free children and prospective adoptive individuals and families would be developed and distributed. A statewide recruitment effort should be initiated, and all marketing and followup activities should be centralized under the DSS. The establishment of additional adoption agencies operated primarily by and for minority groups is also recommended. The State's present method of reimbursing for adoption services is discussed, and amendments are proposed to remove this deterrent to adoptions. The report outlines a multipayment approach based on the actual costs of providing adoption services to encourage agencies to recruit homes for hard–to–place and handicapped children. Footnotes and tables are provided.

409. Quinn, Joan; Segal, Joan; Raisz, Helen; and Johnson, Christine.
Health Care Financing Administration, Washington, DC.
Coordinating Community Services for the Elderly: The Triage Experience.
1982, 125p
SHR-0009368 Available from Springer Publishing Co., 200 Park Avenue South, New York, NY 10003.

This work details the development and implementation of the Triage model of the client-centered system of community long–term care. Begun in the seven–town Central Connecticut Planning Region in 1974, Triage developed a new system that linked personal care, medical care, income maintenance, and family support.

The system was designed to assess client needs; integrate the provision of appropriate medical, mental health, and social services; and monitor their quantity and quality. To overcome current financial barriers, Triage devised an uncomplicated reimbursement system, providing single–entry to a billing system as well as single–entry to a services system. The discussion covers the mechanics of implementing the Triage concept, the problems encountered, and the strategies required to undertake a similar project. An overview of the model's unique features as it emerged during its mature, operational phase is presented. The funding of services and operations is documented with historical illustrations. Next, the book describes the development, coordination, and reimbursement of the full spectrum of services required to meet the elderly's medical and social needs. The use of the assessment process to develop a comprehensive data base from a holistic perspective is described, as well as the process that assures that the right service is delivered at the right time in the right manner (in quantity and quality). The research effort included a longitudinal study that examined changes in functioning status and patterns of service use and expenditures for the entire Triage population. Administrative and legislative initiatives for replicating the Triage model in other localities are suggested. Tables, figures, footnotes, an index, and over 60 references are provided. Author abstract modified.

410. Rapp, Charles Anthony.
Effect of Family Support Service Availability on Child Placement Decisions.
1980, 135p
SHR-0009180 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study examines the effect of alternative services on the decision to place a child in a home for adoption. Specific study objectives are to assess whether (1) increased availability of family support service leads to a reduction in the decision to place, (2) increased availability affects the reliability of worker judgments, and (3) selected caseworker characteristics affect the decision to place. The population of direct service workers in six of eight regions employed by the Illinois Department of Children and Family Services served as subjects in the study. Questionnaires were administered to 542 of these workers. A survey experiment design was used in which all subjects were asked to make several case judgments in response to written, simulated case descriptions. Subjects were randomly assigned to one of two conditions. The first condition, the experimental group, received an inventory of services and short service descriptions. The second condition, the control group, did not receive the inventory. The interview schedule had four sections: case planning judgments, perceptions of service alternatives, decision process, and demographic data on subjects. Results indicated that the mean age of the workers was 32 years; 31 percent were male and 69 percent were female. Respondents were characterized by limited social work education, were rather new to the department, and had been placed in their current position recently. Little or no association was found between the placement decision and availability of services on each of the indicators. The relationship between experimental manipulations and whether service inventories were rated as influential on a case basis showed insignificant associations. Moreover, the availability of family support services appeared to have little impact on the placement decision except in interaction with the specific characteristics of the case. Other results and implications of the findings are also discussed. The study has 27 tables, 3 figures, about 90 references, and appended study instruments. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Work to the University of Illinois at Urbana-Champaign, 1981.

411. Reeves, Mavis Mann.
Galloping Intergovernmentalization as a Factor in State Management.

411.

1981, 7p
SHR-0008664 Pub. in State Government v54 n3 p102-108 1981.

This article discusses the growing influence of the Federal Government on State management, with particular attention to Federal supercession of State authority, judicial influence, direct congressional mandates, and grants–in–aid. Federal statutes preempting State laws have increased dramatically over the last several decades and either relieve the State of burdensome management responsibilities or complicate control of certain activities regulated under States' police powers. The courts have also taken a more active role in mandating State actions and have destroyed immunity from suit formerly enjoyed by State and local officials. The practice of Federal administrators promulgating rules for State administrators to implement has become increasingly common in environmental protection and energy legislation. Complications imposed on State managers by conditions attached to Federal grants–in–aid have intensified as grant programs have proliferated and more funds are given to local governments directly. Managers at the State level have been affected particularly by horizontal regulations that apply to almost all Federal assistance programs, such as antidiscrimination, equal access, and environmental protection requirements. Among the more noticeable consequences of intergovernmentalization are the broadened scope of State administration and the growing State role in managing intergovernmental programs. The administrative workload, however, has become larger and more complex, and administrative costs to the State have risen. Other problems include fragmented administrative responsibility and reduced legislative oversight. On the other hand, higher standards for some activities and services have emerged, citizen participation requirements have produced more open program administration, and more women and minorities have gained access to State civil service. A total of 38 footnotes are provided.

412. Regional Inst. of Social Welfare Research, Inc., Athens, GA.
Case Management Model for the Work Incentive (WIN) Program.
Jun 80, 96p
SHR-0008876 Available from Regional Inst. of Social Welfare Research, Inc., PO Box 152, Athens, GA 30603.

This manual applies the Case Management Model, presented in a three–volume series and constituting a set of process requirements for managing the delivery of social services at an individual case level, specifically to the Work Incentive (WIN) Program. The manual is intended as a background and guide for making connections between the general model and the WIN process. It also considers issues concerning implementation of case management as part of local / area WIN operations because local WIN programs differ. The case management model rationalizes case processing in ways that benefit both clients and the program (i.e., WIN). The model also established a baseline for two–way communication and accountability between those responsible for day–to–day operations and those who make program decisions and policies. Specifically, its objectives are to establish uniform case handling and disposition routines; assure case responsibility; locate program decision points, barriers, and limits; and promote case decisionmaking and priorities. Further objectives are to identify service alternatives; help determine training needs; organize staff development curriculum and schedules; provide an objective basis for case and staff supervision; connect policy expectations with line agency operations; and establish a base for systems development and program evaluation. Case management–WIN process requirements are discussed in terms of request evaluation, client eligibility, case planning, service provision arrangements, oversight, and case recording. Implementation of case management in WIN programs is explained regarding the roles of supervisors and administrators as well as line workers, program operations changes, and expected improvements in program efficiency and effectiveness. Footnotes and diagrams are provided. Appendices contain an excerpt from an Urban Institute study and guidelines for setting case objectives in human services.

413. Rice, B. Douglas; and Roessler, Richard T.
Arkansas Rehabilitation Research and Training Center, Hot Springs.
Introduction to Independent Living Rehabilitation Services.
Nov 80, 34p
SHR-0009036 Available from Arkansas Rehabilitation Research and Training Center, Hot Springs Rehabilitation Center, Publications Clerk, PO Box 1358, Hot Springs, AR 71901.

This publication provides a brief overview of some of the emerging issues and perspectives in independent living. As its ultimate objective, independent living rehabilitation (ILR) should enhance the ability of persons with severe disabilities to determine their own destinies, to participate in all aspects of society, and to contribute as well as share responsibility in community life. It is a new program designed to serve many persons who were previously excluded from vocational rehabilitation (VR). Most independent living services are provided during the earlier phases of the rehabilitation process and will contribute to the development of vocational capabilities in many individuals. Currently, the ILR program is to be implemented under Part B of Title VII of Public Law 95-602 (i.e., through the establishment of independent living centers). State rehabilitation agencies have the responsibility for comprehensive services for independent living. Although initial funds for implementation of the provisions of Title VII are limited, appropriations will increase over the next few years. Options available to State rehabilitation agencies in administering ILR programs include integration of ILR within the present ongoing VR program; establishment of a separate agency within VR with its own administrative staff, personnel, and service delivery system; award of a contract to a private agency to operate the ILR program; or permission to another public agency to operate the ILR program. Tables and 15 references are included.

414. Rice, B. Douglas.
Hot Springs Rehabilitation Center, AR.
Introduction to Rehabilitation of Severely Handicapped Homebound Persons.
1979, 26p
SHR-0009020 Available from Arkansas Rehabilitation Research and Training Center, Hot Springs Rehabilitation Center, Publications Clerk, PO Box 1358, Hot Springs, AR 71901.

Serving as a resource document for trainers of those serving the homebound person who is handicapped, this report attempts to identify homebound clients, clarify the eligibility requirements for rehabilitation services, provide general information on the homebound, review models for homebound services, discuss employment opportunities for homebound persons, and provide additional resources on homebound clients. Homebound individuals are those whose disability prevents onsite conventional employment and whose geographic location, coupled with the disability, makes it impractical for onsite employment. The Rehabilitation Act of 1973, as amended, mandates that severely handicapped individuals are to receive services on a priority basis. Other amendments and new laws greatly expand the range of rehabilitation services. General information on the homebound indicates that most are not receiving services, that the homebound population is not a homogeneous group, that homebound clients desire rehabilitation services, and that these persons are harmed by confinement in the home. The program models that provide rehabilitation services to the homebound include the Vocational-Crafts Models, the Self-Employment Model, the Sub-Contract Model (usually involving a sheltered workshop), the

Work–Activity Model, and others. Although employment opportunities for homebound persons are limited, a promising development is in the area of rehabilitation engineering (the development of more functional prosthetics, better mobility techniques, and other practical devices to allow the handicapped to function independently). Many barriers to the handicapped at the workplace can be reduced by making appropriate modifications within the environment. Implications of expanded services for homebound persons on rehabilitation agencies include an increase in agency staffs, a reduction in caseload size, the need for "homebound specialists," and other factors. The resource list includes 30 references, 2 relevant publications, and the names and addresses of rehabilitation programs / facilities.

415. Roessler, Richard T.
Arkansas Rehabilitation Research and Training Center, Hot Springs.
Strategies for Evaluating Independent Living Programs.
Oct 81, 45p
SHR-0008801 Available from Arkansas Rehabilitation Research and Training Center, Publication Dept., PO Box 1358, Hot Springs, AR 71901.

As an introduction to evaluation of independent living services, this paper discusses issues involved in evaluation, describes the independent living movement and techniques for evaluating independent living programs, and presents a model for evaluation of such programs. The mission of independent living services is to increase the severely handicapped individual's dignity, freedom, and control of personal destiny. To help people reach these goals, independent living programs must provide direct services or information regarding available services in an efficient and effective manner. Evidence of services' success should be sought in terms of (1) client functioning, (2) environmental changes, (3) client satisfaction, and (4) program management practices. Emphasis is on functioning in human capacity areas such as health, social and attitudinal, mobility, cognitive–intellectual, and communication. To eliminate external barriers to life satisfaction, environmental changes are needed in physical, social, economic, and human services areas. Accomplishment of personal and environmental changes should enhance the client's satisfaction with program services. Finally, independent living programs should also be evaluated as to their overall management capabilities. A table and about 30 references are supplied. Author abstract modified.

416. Saccomandi, Pat; and Host, Bobette Reigel.
VOLUNTEER: The National Center for Citizen Involvement, Boulder, CO.
Volunteer Skillsbank: An Innovative Way to Connect Individual Talents With Community Needs.
Dec 81, 174p
SHR-0009062 Available from Volunteer Readership, PO Box 1807, Boulder, CO 80306.

Based on the experience of a 3–year demonstration project, this manual presents guidelines for establishing a volunteer "skillsbank." A skillsbank typically places volunteers several times in a variety of short–term assignments for several community projects and identifies volunteer resources in anticipation of agency needs so that requests can be filled quickly. The sections on design first address a skillsbank's basic functions and the benefits that this approach offers over traditional volunteer programs. Examples of skillsbanks operated by a pool of management experts, a community college, and a mentor network are included. An overview of the reservoir, cooperative, and integrated models of skillsbanks is followed by suggestions for defining the skills and interest areas that a particular skillsbank will need. The discussion of recruitment covers sources, incentives, and targeted distribution of skillsbank promotional materials. The kinds of information needed from each registrant are outlined, along with the stages at which these data should be collected. Several aspects of identifying requests for skillsbank registrants are examined, including introducing the program to potential users and procedures for making requests. The referral and placement process is described in detail, with examples. The following information processing systems are depicted: card box and file drawer, keysort card, computer batch processing, and on-line computer. Also considered are neighborhood barter networks and techniques for integrating these organizations with skillsbanks. Sources of outside assistance are identified. The manual includes numerous publicity materials and forms used by operating skillsbanks. A comprehensive list of skill categories and sample forms for keysort and batch processing are appended. Final edition.

417. San Francisco Youth Advocacy Project, CA.
Status Offender Services in San Francisco.
May 81, 130p
SHR-0008311 Available NTIS PC $13.50/MF $4.00

This report analyzes both national and local (San Francisco, Calif.) status offender issues and programs and outlines a community-based alternative method for handling status offenders in San Francisco. Many community-based status offender programs have been developed throughout the country, and their results have led to decreased recidivism and costs and increased resolution of family problems. Most California counties have deinstitutionalized status offender services by providing shelter and / or crisis services in communities. The San Francisco Youth Advocacy Project intends to continue this deinstitutionalization process, to reduce juvenile court contacts, to increase the use of community-based services with a family focus, and to improve the cost effectiveness of status offender services. It proposes an alternative model for San Francisco since the city's current system is without a family focus and too oriented to criminal justice issues. The model focuses on the crisis, intake, and shelter aspects of the service system. The model's basic elements are (1) two decentralized community-based crisis intervention units that focus on family counseling and primary intervention, (2) a 20-bed foster network for status offenders, and (3) use of the city's Youth Guidance Center for youth awaiting placement who might be inappropriately placed in a community setting. This model places the system's entry point in a community-based setting, thus making it more accessible to families. The program would be more cost effective; it would increase staff and service capacity, while reducing cost by more than 30 percent. Cost information, endnotes, and about 50 references are appended. Tabular data are included. Author abstract modified.

418. Schindler-Rainman, Eva; and Lippitt, Ronald.
Building the Collaborative Community: Mobilizing Citizens for Action.
1980, 164p
SHR-0009271 Available from University of California, 4045 Canyon Crest Drive, Riverside, CA 92502.

This guide discusses strategies for promoting cooperative activities among public and private community groups and was based on several years experience in organizing conferences for 88 communities. Problems currently faced by local communities are reviewed, as are encouraging trends toward interdependence, more citizen involvement, and use of volunteer resources. Following a brief profile of the community conferences organized by the authors, the book outlines a model for planning and implementing a 2-day community conference. Various ways of initiating these sessions, planning processes, and potential difficulties are examined in detail. Case examples illustrate variations in local adaptations of the model. Findings from questionnaires completed by participants in 60 different communities are summarized.

Planning for follow–through was a critical aspect of the preplanning activity, and some immediate successes were important elements in continuing motivation. Skills needed by leaders in a successful collaborative situation are discussed, as are ways these competencies can be learned. The consultant's role is also addressed. Several illustrations of potential collaborative activities are offered, such as a community planning effort growing out of an innovative adult education program and a governor's conference focusing on the development of citizen participation. Tools for collaborative meetings are appended, including instructions for facilitators, brainstorming guidelines, checklists, and references.

419. Schine, Joan; Shoup, Barbara; and Harrington, Diane.
National Commission on Resources for Youth, Inc., New York.
New Roles for Early Adolescents in Schools and Communities.
1981, 48p
SHR-0009207 Available from The National Commission on Resources for Youth, Inc., 36 West 44th Street, New York, NY 10036.

The Youth Participation program for early adolescents is described, including its background, case studies, and implementation. Several types of Youth Participation programs are especially well adapted to meeting young adolescents' needs. These are the day care youth helper program, in which young teens work in day care centers with preschoolers; internships, which afford opportunities for work with an adult who cares about the young person and about the work; and cultural history, in which young teens interview older adults to preserve a disappearing way of life or document with film and tape unique crafts and customs. Other types of Youth Participation programs include peer counseling, energy and conservation projects, building restoration, youth teaching youth, and service to the handicapped or the elderly. The role of the adult leader or facilitator is crucial in all Youth Participation programs. The facilitator must deal with the young teens' volatile nature, have a well–developed sense of humor, and flexibility. Youth Participation projects for early adolescents should involve planning (deciding what to do and how to do it), shouldering responsibility, and meeting challenges to serve real needs. These projects should include varied roles and activities, be short term or structured with a series of clear stages, have visible rewards, involve collegial relationships with adults, and have a structured environment allowing freedom and flexibility within clearly defined boundaries that the adolescents may share in establishing. Recommendations from an experienced practitioner are included. Footnotes, photographs, thumbnail program sketches, over 30 references, and addresses and names of contact people involved in the case studies are provided.

420. Schreiber, Marvin; and Guralnick, Phyllis.
Syracuse Univ., NY. All-Univ. Gerontology Center.
Program Planning for New Trends In Senior Centers.
Nov 81, 123p
SHR-0009123 Available from Syracuse University, All-University Gerontology Center, Syracuse, NY 13210.

As part of a training package for leadership personnel in senior citizen centers, this volume addresses new trends in services offered by these facilities. The first section on program planning discusses basic steps in program development and major approaches to planning. Because this monograph emphasizes meeting individual needs in a senior center, three types of elderly clients that exhibit different coping capacities are identified, along with program types that are responsive to their needs. Ways to involve both clients and other human service agencies in program development are outlined. A discussion of community relations covers using formal and informal networks, using the tools of power and politics, and working with the community leadership on boards and as volunteers. Development of service needs should be approached from the base provided by standards adopted by the National Institute of Senior Centers in 1979, and any new services must be researched carefully before implementation. With these criteria in mind, the following approaches to practice areas are examined: advocacy, sources of funding for additional programs, evaluation, centers designed for minorities, rural senior centers, and programs to integrate the frail elderly into the multiservice center. Each chapter in the manual is accompanied by references and self-study questions.

421. Shipp, Carol.
Human Services Planning Council of Schenectady County, Inc., NY.
Social Accounting Report of the Human Services Planning Council.
Aug 81, 60p
SHR-0009252 Available from Human Services Planning Council of Schenectady County, Inc., 432 State Street, Room 220, Schenectady, NY 12305.

The social accounting report of the Schenectady Human Services Planning Council (HSPC) (New York) highlights specific ways in which HSPC has made an impact on the community. Information for the assessment was collected in face-to-face semi-structured interviews with people knowledgeable about the HSPC and in telephone interviews with 20 human service agencies. The separate studies undertaken relate to services to the elderly, housing needs of the elderly, battered women in Schenectady County, establishing the City Health Department as a Certified Health Care Agency, recreational opportunities for girls, adult protective services, and jail position papers. The roles addressed are those of information gatherer/provider, agency coordinator / networking, and needs assessor. The HSPC's role of involving the community in its activities and its relationship with the United Way, as well as with the information system of the HSPC, INFOLINE, are considered. The report shows that the chief strengths of the HSPC are in its functions as documentor of the community's needs, justifier of funds for community programs, consciousness raiser, and agency coordinator. The chief areas of weakness are lack of influence with public officials, lack of representation / participation of the consumer sector on committees and the Council's Board of Delegates, and lack of recognition given to community volunteers and agency professionals for the value of their contributions to HSPC studies and activities. Recommendations for activities of future HSPC undertakings include funding and publication of the present report, listing seminars sponsored by the HSPC, documenting media appearances, keeping lists of funds brought in and savings instituted, publicizing money-saving efforts, cultivating a working relationship with the County Board and public officials, recruiting consumer recruitment and board members, and expanding the Board member training program. A summary of report outcomes and sample instruments are supplied.

422. Smith and Wilburn Associates, Inc., Huntsville, AL.
Recommended Coordinated Service Approach for Selected Agencies. A Staff Memorandum.
Dec 80, 12p
SHR-0008818 Available from Birmingham Regional Planning Commission, 2112 11th Avenue South, Suite 220, Birmingham, AL 33256.

This memorandum is part of a continuing effort, initiated by the Birmingham Regional Planning Commission (BRPC) (Alabama), that focuses on coordinating transportation services provided by social service agencies. This memorandum identifies coordination possibilities that would improve use and cost efficiency of existing services. The recommended approach focuses on serving clientele first and prescheduling service

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to the maximum extent. Agencies recommended for initial participation include the Red Cross, Cerebral Palsy, and Senior Aides Program. Clients of the first two agencies are handicapped persons who require transportation assistance for medical service on a regular basis. The Senior Aides serve elderly persons with medically oriented transportation needs on an intermittent basis. Clients of each agency were located on a map according to their home addresses. Each agency's clientele were grouped geographically in order to efficiently establish routes. The coordinated service will use a 14–passenger van owned by Cerebral Palsy, and free labor for vehicle maintenance will be donated by a local technical college. The report discusses scheduling and routes, administration of the program, the financial plan, and the implementation plan. Tables are provided. A route map and proposed schedule are appended.

423. Sproull, Robert L.
Cost-Effective Way to Spur Private Giving.
1982, 4p
SHR-0009361 Pub. in Harvard Business Review v60 n2 p62-66 Mar/Apr 82.

The president of the University of Rochester proposes that, to promote private donations to charitable organizations, business firms should be allowed to give their shareholders the option of foregoing one quarterly dividend, which the company would send to the charity of the shareholder's choice and would augment by an approximately equal amount from its pretax earnings. This option would not affect shareholders financially, because they would not receive the dividend and would not have the gift of the same amount to report as a deduction on their income tax return. Similarly, the corporation would pay to the charity the amounts it would have paid to the shareholder and the Internal Revenue Service. Thus, the corporation and all its shareholders would be left just as they are. However, the charity would receive a larger amount than it would have received from the shareholder, while the Internal Revenue Service would receive a lower tax payment than it otherwise would have received. The net effect is to produce less support for the Federal Government but more for the charity. This option matches the spirit of the tax laws, because their goal is to favor tax–exempt institutions with respect to the Federal Government. Legislation to clarify certain tax aspects of this option has been introduced in both the U.S. Senate and the House of Representatives. Several questions relating to the proposal's merits are discussed.

424. Storfer, Miles.
New York City Human Resources Administration. Office of Policy and Economic Research.
Medicaid Utilization by Public Assistance Recipients, New York City.
Nov 81, 35p
SHR-0009099 Available from Division of Policy and Economic Research, Human Resources Administration, 71 Worth Street, 4th Floor, New York, NY 10013.

This report provides data on Medicaid use and expenditures to public assistance recipients in New York City from April to September 1979. During 1980, New York City spent approximately $700 million on Medicaid services for families in the Aid to Dependent Children (ADC) program, children in Home Relief (HR) family cases, and adults in HR. This study analyzed a random sample of 499 ADC families containing 1,498 persons and 437 single–person HR cases drawn from the computerized files of the New York State Department of Social Services Medicaid Management Information System. During the study period, more than four–fifths of the ADC recipients and nearly three–fourths of the HR single adults obtained medical services through Medicaid. Outpatient physician services were used by the greatest number of ADC and HR recipients, followed by outpatient nonemergency care, emergency room services, dental care, clinics, and inpatient hospital care. HR adults used more outpatient nonemergency and clinic services because of their needs for methodone maintenance, psychotherapy, and alcoholism treatment. Analysis of Medicaid expenditures showed that inpatient hospitalization was the costliest service, accounting for 46.9 percent of the expenditures for ADC recipients and 66.7 percent for HR cases. Thus, 5 percent of the recipients accounted for over half of the Medicaid expenditures. The average annual cost per eligible HR adult was $1,635 compared to $700 for an ADC adult and $400 for an ADC child. A review of inpatient hospital expenditures covers diseases treated, length of stay, and costs. HR adults generally required more frequent and lengthier hospital stays than ADC adults. A greater percentage of both inpatient and outpatient services was provided at nonpublic facilities. Footnotes and 17 tables are supplied. Technical appendices discuss the standard errors of the estimate of utilization rates and the sampling methodology.

425. Sugarman, Jule M.; Bass, Gary D.; and Beinecke, Richard H.
Human Services Information Center, Arlington, VA.
Citizen's Guide to Changes in Human Services Programs.
5 Sep 81, 111p
SHR-0009310 Available from Human Services Information Center, 1408 North Fillmore Street, Suite 7, Arlington, VA 22201.

This guide describes how President Reagan's proposals and subsequent congressional actions will change education, health, and other human service programs. Contrasting views on the Federal Government's role in serving and protecting persons less capable of helping themselves are summarized, followed by an overview of congressional reactions to the President's proposals. The book then discusses the impact of presidential plans to consolidate all Federal education programs into a single block grant with reduced funding and revisions made by Congress. Also detailed are changes in existing health care programs resulting from block grant consolidation, reduced administrative requirements, and revised funding arrangements. Other human service programs will not be restructured, but their administrative requirements have been changed and budgets reduced. In this category, the guide considers Title XX, the Community Services Block Grant, the Vocational Rehabilitation Act, domestic volunteer programs, Older Americans Act, Community Economic Development Act, child abuse prevention and treatment projects, and Head Start. Changes in employment, urban development, and housing programs are noted, although these primarily involve budget reductions. The final chapter addresses financial assistance programs, such as Aid to Families with Dependent Children, Medicaid, unemployment insurance, and social security. The appendices contain tables showing funding limits on human service programs set by the Omnibus Budget Reconciliation Act of 1981, a catalog of human service programs, selected provisions of the Economic Recovery Act of 1981, and tables comparing 1981 and 1982 funding distributions by State and program.

426. Syracuse Univ., NY. All-Univ. Gerontology Center.
Health Maintenance Organization (HMO) Services and the Aged.
Dec 80, 113p
SHR-0009131 Available from Syracuse University, All-University Gerontology Center, Syracuse, NY 13210.

This report presents findings from an August 1980 mail survey of 12 health maintenance organizations (HMO's) in New York State and from a household survey of 186 senior citizens in 2 central New York towns. The HMO survey was designed to assess the collective experience of the New York State HMO's serving the aged, while the second survey studied the aged's knowledge and behavior regarding health care insurance and their use of health services, including HMO's. Of the 12 HMO's, 10 responded. Three of the plans were located in the New York City area, one was situated in Westchester County, and six in upstate New York. Membership in the plans ranged from 800 to 800,000. A fee–for–service component was offered by 80 percent of the places. Half the plans had existing contracts with Medicare, and all were reimbursed by Medicare on some sort of cost basis. Three plans had existing contracts with Medicaid (these were part of the five with Medicare contracts). Plans generally provided unlimited coverage for physician services, outpatient services, inpatient hospital services, and diagnosis laboratory services. Coverage for custodial or domiciliary care was excluded from all the plans. Most plans shared a relative lack of experience in servicing the aged. A major obstacle against enrollment of the aged in HMO's is reimbursement, largely attributable to the lack of fit between HMO and Medicare mandates. The household survey respondents were mostly white females. Nearly 40 percent were in their 70's and 83 percent lived alone. A total of 84 percent of the respondents reported that they had seen a doctor for treatment in the last 12 months, and 67 respondents (38 percent) had received care at a comprehensive ambulatory care facility having both a fee–for–service and a prepaid component. A total of 24 percent of the 36 who knew the term HMO also knew of the prepaid plan offered at this health care facility. Other findings pertain to assistance from family and friends and use of specific health services. Tables, notes, and appended survey instruments are included.

427. Texas Advisory Commission on Intergovernmental Relations, Austin.
Block Grants and Reductions in Categorical Aid Affecting State and Local Governments.
Apr 82, 41p
SHR-0009362 Available from Texas Advisory Commission on Intergovernmental Relations, PO Box 13206, Austin, TX 78711.

This report outlines the characteristics of the newly created Federal block grants and proposed changes in seven major categorical programs in terms of their potential impact on the State of Texas and its local governments. The report is designed to provide Texas State and local officials and citizens with a comprehensive summary of current budget developments in the Federal grant–in–aid system for fiscal years 1981 to 1983. A discussion of the President's fiscal year 1983 budget includes an overview of proposed changes to existing block grants as well as proposals to create several new block grants in the fields of education, employment, and such human services as alcohol and drug abuse services and maternal and child health. Results of a survey of the attitudes of Texas officials toward President Reagan's economic policies are also presented. State officials appear to be pleased with the trend toward reducing Federal regulations as shown in the structure of the new block grant program. However, both State and local officials fear that accompanying budget reductions are too large to compensate for the increased administrative flexibility. This concern has intensified as a result of Congress' authorization of an additional 4–percent budget cut in discretionary funds for fiscal year 1982 in response to President Reagan's request for further reductions. The increased reliance of Texas cities on Federal aid between 1967, when Federal aid amounted to 4.5 percent of total local revenues, and 1977, when it amounted to 16 percent of total local revenues, underscores how important Federal budget cuts may be to the cities. A comparison of the attitudes of Texas officials with those of Pennsylvania officials shows that Texas officials tend to view the Reagan administration's cutbacks much more favorably than do Pennsylvania city officials. Tables, charts, notes, appendix tables, and a bibliography listing 29 sources are provided. Author abstract modified.

428. Texas State Dept. of Human Resources, Austin. Research and Evaluation Div.
Innovations in Protective Services: Final Evaluation Report, September 1, 1980 through August 31, 1981.
30 Sep 81, 95p
SHR-0009139 Available from Research and Evaluation Division, Office of Research, Demonstration, and Evaluation, Texas Department of Human Resources, PO Box 2960, Austin, TX 78769.

This document contains evaluations, completed in 1981, of eight demonstration projects serving troubled adolescents, neglecting mothers, abused children, and children placed for adoption in Texas. Each report presents a project overview, the evaluation's purpose and methods, and a summary of the results. One project tried to improve the independent living skills and abilities of problem teenagers through a progression of shelters, group homes, and supervised apartment living. The Assertiveness for Neglecting Mothers Project used group therapy to improve self-esteem and teach assertiveness. Other evaluations focused on a mathematical model designed to identify client characteristics and situational variables on which successful child placement decisions could be based, and a cooperative program with private agencies to increase the adoption rate for children with special needs. Also assessed were a regionally based information system for protective services and the Waco Center for Youth Liaison Project, the first residential treatment center for emotionally and behaviorally disturbed children in the State. The final reports concern child sexual abuse services in rural east Texas and Taylor County. These efforts addressed reporting problems, community education, and treatment through a coordinated team of medical, legal, law enforcement, and mental health professionals. Charts, program materials, and evaluation instruments are included.

429. Thompson, Marie McGuire; and Donahue, Wilma T.
International Center for Social Gerontology, Inc., Washington, DC.
Planning and Implementing Management of Congregate Housing for Older People.
1980, 102p
SHR-0009021 Available from International Center for Social Gerontology, 425 13th Street NW, Suite 826, Washington, DC 20004.

This report discusses the principles of sheltered or congregate housing for the elderly and then offers guidelines on planning and managing such facilities. A brief orientation covers the goals, legislative bases, and estimates of the demand for congregate housing. An examination of criteria governing residents' eligibility emphasizes that young disabled persons should not be integrated into residences for the elderly. Federal funding sources for congregate housing are listed including programs established under the Congregate Housing Services Act of 1978. The following management planning tasks are reviewed: planning for services such as meals, household help, personal assistance, leisure services, transportation, and medical care; tenant selection; personnel policies; and staff patterns and training. The report recommends that a professional assessment committee be created to handle the selection process and details several measures that have been used to determine functional capability. The duties involved in managing and operating a congregate housing project are then described, beginning with the manager's responsibilities in arranging for assessment of applicants, organizing a supportive service system, planning for emergencies and security, and promoting good community relations. Also discussed are basic documents that a manager needs, financing strategies, and implementation of a planned congregate housing project. The sensitive issue of terminating a resident is explored. A brief survey of the manager's supervision and coordination tasks addresses security, problems associated with a resident's death, coordination of social services, fiscal management, and property care. Bylaws of a tenant council that has had a successful history are presented, as are references and a model for creating a stable population in congregate housing residences.

430. United States Conference of Mayors, Washington, DC.
Administering Aging Programs: Structuring an Office on Aging in City Government. Volume II.
Jan 81, 19p
SHR-0009353 Available from Aging Program of the U.S. Conference of Mayors, 1620 Eye Street NW, Washington, DC 20006.

This report identifies the major issues involved in determining the organizational location and structure for an office on aging in city government. The report is the second in a series of five publications designed to strengthen the capacity of cities to plan, administer, and manage programs that benefit older Americans, particularly those who are currently underserved. Specific factors that influence the range of administrative options available for structuring a city office on aging are discussed including the form of city government, the size of the city population the authority and responsibility for human services, and prior experience in human services. A review of the crucial issues related to establishing a city office on aging focuses on (1) administrative and programmatic issues such as funding, stability, staffing, planning, coordination, access services, and direct services; (2) political issues, including community visibility and citizen involvement; and (3) organizational issues such as the minimization of disruption to existing city services, ways to make maximum use of the experience and training of staff and offices within city government, authority, and staffing. Eight administrative options for locating an office on aging are discussed: (1) a mayor's office on aging, (2) a city council office on aging, (3) a city manager's office on aging, (4) a city department on aging, (5) an office on aging in a city department, (6) a commission or consortium on aging, (7) a special advisory council or task force on aging, and (8) an ombudsman position. A current example of the use of each option is given. Tables and charts are provided. See also volume I, SHR-0009325; volume III, SHR-0009326.

431. United Way of New Hampshire, Concord.
Poverty and Social Needs in New Hampshire: A County Data Book.
Dec 81, 201p
SHR-0009206 Available from New Hampshire Social Welfare Council, PO Box 1255, Concord, NH 03301.

This volume presents detailed descriptions and statistics on population characteristics and indicators of community health, economic health, and social cohesion in New Hampshire and in each of its 10 counties. The data were collected to provide a base of information from which to identify the State's priorities for social services. Data were gathered from county health and welfare council plans, reports from the Bureau of Vital Statistics, documents from the Office of State Planning, and materials from other State agencies. The indicators used for each major data category are explained, along with the major findings for each indicator. Descriptions of each county focus on demographic characteristics such as density and age distribution, the economic base, the extent of poverty, trends in such community health indicators as birth and death rates, and trends in such indicators of social cohesion as divorce and crime rates. Economic data tables for each county and the State show the numbers employed, numbers of employers, annual and weekly wages, family and per capita income, unemployment, property valuation, food stamp cases, projected jobs, welfare cases, and related data. Tables on health characteristics show birth and death rates, infant mortality, causes of deaths, numbers of developmentally disabled children, immunizations of children, cases of venereal disease, numbers of physicians and dentists, and health care facilities. Tables on indicators of social cohesion present the numbers and rates of marriages and divorces, cases of nonsupport, cases of child abuse and neglect, towns that have grown rapidly, crimes, arrests, and related data. Demographic tables give information on population growth, race, age, density, the receipt of public assistance, and other subjects. A bibliography lists over 150 references.

432. Villmoare, Edwin; and Bergman, James.
National Paralegal Inst., San Francisco, CA.
Elder Abuse and Neglect: A Guide for Practitioners and Policy Makers.
Feb 81, 180p
SHR-0009295 Available NTIS PC $16.50/MF $4.00

This manual reviews current research on elder abuse, presents intervention strategies and protocols, discusses model delivery systems and legislation, and provides information and materials for practitioner training and public education. Four research studies, conducted in Massachusetts, Maryland, Michigan, and Ohio, give strong support to the impairment/dependency theoryof the etiology of elder abuse.Major theories on the causes of elder abuse are highlighted, including internal family dynamics and acute impairment of the victim. A summary of "Behind Closed Doors," the first comprehensive national study of American family violence, covers the study's findings, causes and abuse, prediction of abuse, and ways to reduce family violence. Abuse identification, assessment, and management are examined, with attention to barriers to access; signs of abuse and neglect; characteristics of the abuser; abuse reporting; general and specific interviewing techniques; case assessment procedures; case referral, management, and planning; and placement outside the home. A discussion of legal issues and remedies covers victim access, confidentiality of client information, criminal court remedies, and protective or surrogate remedies. In addition, protocols for handling cases are reviewed. Developing State and community response systems (protective service systems and model abuse reporting and handling legislation) are given special attention, with emphasis on core services, current abuse reporting and handling laws, and recommendations for provisions in abuse reporting and handling legislation. Training and public education are considered, and Oregon's response to the problem is examined. Notes, case examples, and 18 references are appended.

433. Vineyard, Sue.
Finding Your Way Through the Maze of Volunteer Management.
1981, 64p
SHR-0009272 Available from Heritage Arts, 1807 Prairie Avenue, Downers Grove, IL 60515.

This reference guide to information on volunteer management is intended to assist individuals charged with directing volunteers in finding useful resources. Over 64 listings are presented of groups related to volunteer management / human services, with a brief description of purpose, services, publications, and contact information. A list of over 100 volunteer–related groups in 30 categories by acronym and actual title is also given. In addition, a list of over 125 books, periodicals, and reference works in 40 categories of human services and management with tips on how to locate information for further study is provided. The work also includes a list of graduate / undergraduate degree programs, seminars, courses, and certifications in volunteer management for 28 States, as well as contact information and course descriptions, published standards for human service and volunteer management, and a glossary of terms commonly used in the volunteer management field. Each chapter has an index along with a separate section for notes. Supplemental diagrams and an index are supplied.

434. Virginia Dept. of Welfare, Richmond. Div. of Social Services.
Reprogramming Social Services for the Eighties: A Family-Focused Approach.
Jun 81, 120p
SHR-0009090 Available from Virginia Department of Welfare, Division of Social Services, Blair Building, 8007 Discovery Drive, Richmond, VA 23288.

This study focused on the state of the art in the delivery of services to families with special emphasis on how the quality of services available to families in the Commonwealth of Virginia might be improved. The Family Services Task Force, created to carry out the study, used three methods to assess the provision of family-oriented services: a literature review, a survey sent to local Virginia agency directors, and onsite visits to selected programs. The task force identified 11 elements common to successful family-focused programs: a philosophical base; a legal and policy base; networking; local flexibility; staff development; public education; intake, assessment, and family goal planning; emergency / home-based services; volunteer services; program accountability; and incentive funding. The task force surveyed local directors to identify potential barriers to the development of a comprehensive family-centered approach to service delivery in their communities. Seventy-nine percent of the surveys were completed and returned, with 82 percent of the respondents indicating that lack of funds prevented the development of comprehensive family-oriented services in the State. Also, 42 percent cited the lack of a preventive approach to service delivery as being a major barrier. Other barriers were lack of coordination and communication among community groups and policy and legal barriers. Recommendations in the 11 identified critical areas are offered to agencies to help overcome these barriers and implement a family-centered approach to service delivery. Survey results, a catalog of programs, and a family services bibliography are appended.

435. Virginia State Dept. of Intergovernmental Affairs, Richmond. Office on Volunteerism.
Handbook on Volunteer Management in Public Welfare.
1978, 58p
SHR-0009084 Available from Virginia Department of Welfare, Division of Social Services, Blair Building, 8007 Discovery Drive, Richmond, VA 23288.

This handbook provides a working outline for local welfare departments in Virginia interested in establishing an integrated system of volunteer services. Volunteer programs enable welfare agencies to implement new programs or meet current workloads in an era of stringent budgets and can promote understanding among middle-class and upper-class people about the problems associated with the welfare system. Examples of successful volunteer programs are presented, followed by a review of the jobs volunteers can perform and State agencies that offer assistance concerning volunteerism. This six-phase plan begins by identifying the need for volunteer services from both client and staff perspectives and then addresses the steps necessary to establish a program, including administration, the volunteer coordinator position, staff orientation, job descriptions, and recordkeeping procedures. Activities involved in implementing the volunteer services are discussed, with attention to recruitment, screening, and training. A section on daily operations covers standardized recordkeeping and monthly reports, supervision, and recognition of volunteer efforts. Finally, methods to evaluate and modify the program are detailed. The appendices contain the 1977 Virginia law supporting volunteer services in State agencies, sample job descriptions, recordkeeping forms, a needs assessment questionnaire, and other supplemental materials on volunteerism.

436. Voth, Donald E.; and Jackson, Virginia N.
Center for Responsive Governance, Washington, DC.
Evaluating Citizen Participation: Rural and Urban Community Development.
1980, 39p
SHR-0008874 Available from Center for Responsive Governance, Publications, 1100 17th Street NW, Suite 313, Washington, DC 20036.

Attempts to evaluate the success of programs to foster citizen participation in community development in both rural and urban settings are reviewed. Rural community development programs have existed in the United States since the founding of the Cooperative Extension Service and related land grant university activities in 1908. In the 1960's emphasis shifted from rural to urban-oriented projects, although rural development emerged again in 1972 with passage of the Rural Development Act. The urban community development movement has taken the form of the Chicago Neighborhood Organization for social action, the Urban Renewal Program, the Ford Foundation Grey Areas Projects, the President's Committee on Juvenile Delinquency and Crime, and the War on Poverty and Community Action. More recent forms of action in the 1960's and 1970's have been the Model Cities Program, the Community Development Block Grant Program of 1974, and private community development corporations and advocacy groups. While rural community development has seldom been seen as social reform, radical social change has been a major tenet of urban community development. Whereas rural community development has emphasized consensual decisionmaking, urban community development has been characterized by advocacy. In contrast to rural citizen development, urban community development has undergone extensive evaluation that considers the role of citizen participation. Principal areas of research reviewed are conceptualization of the process to be evaluated, selection of appropriate research designs, and use of research. Empirical evaluation suggests that federally stimulated citizen participation in community development, designed to achieve social reform in local communities, was tried and quickly abandoned in the 1960's because it cannot be easily managed for policy purposes even if it does improve community services. As a consequence, governmentally sponsored citizen participation is extensive but is so narrowly conceived as to be virtually meaningless. Private sector mobilization unfortunately reflects the existing social structure and cannot affect government institutions. As virtually nothing is known about long-term effects of citizen participation, research is suggested using comparative designs and longitudinal techniques for following up both communities and individuals for an extended period. A bibliography is supplied. Working Paper Series WPS-80-01.

437. Wagner, Sara B.; Thum, Denise; and Bagley, Martha.
JWK International Corp., Annandale, VA.
Exploratory Study of Senior Centers. Final Report (Volume I): Field Study Report.
Jul 81, 155p
SHR-0008806 Available NTIS PC $15.00/MF $4.00

This report describes and compares a range of senior center programs as part of a study intended to determine the role of the centers in the provision of health and human services to older persons. The study grew out of a "Service Delivery Assessment" conducted by the Office of the Inspector General of DHHS. Data were gathered through informal discussions with 35 persons, including government officials, national leaders in the senior center field, State and area agency directors, and others. Site visits were made to 32 centers to study their operations, and a mail questionnaire was completed by 39 centers. Data collection was conducted between October 1980 and April 1981. The 39 centers surveyed reported that they provide congregate meals, recreation, socialization / transportation, and health screening. Annual budgets ranged from $19,000 to $1.4 million. Five of the centers receive no Federal funds, and eight reported that Federal monies represent at least 75 percent of their funding. Almost all of the 32 centers visited offer six nonspecialized services for the frail elderly. These services are transportation, health screening, information and referral, home delivered meals, friendly visiting, and homemaker services. The centers reported having service linkages and other collaborative arrangements with mental health agencies, public health departments, and public social service agencies. As a result of Federal funding, the centers have been able to expand the scope and size of their programs and to improve their physical facilities. Tables, footnotes, and an appendix presenting the data collection instruments are included. See also related documents, volume II, SHR-0008807; volume III, SHR-0008808. Author abstract modified.

438. Wagner, Sara B.; Thum, Denise; Denton-Ade, Cynthia; Green, Zena N.; and Weinberg, Lenore S.
JWK International Corp., Annandale, VA.
Exploratory Study of Senior Centers. Final Report (Volume II): Case Study Reports.
Jul 81, 138p
SHR-0008807 Available NTIS PC $13.50/MF $4.00

Detailed case studies of 13 senior centers observed during site visits are presented as part of a study intended to determine the role of the centers in the provision of health and human services to older persons. The study grew out of a "Service Delivery Assessment" conducted by the Office of the Inspector General of DHHS. The case studies are organized into two groups: studies of six centers with densely populated service areas (urban centers) and studies of seven centers that serve sparsely populated areas (rural centers). The 13 case studies are based on information obtained through the site visits and mail questionnaires completed by the centers. Each case study describes the center; discusses its development, including the effects of Federal funding; examines the center's relationships with service and planning agencies, including community-based service providers; discusses the center's contribution to the informal support network; and looks at the center's services for the frail elderly. All of the centers receive Federal support, typically Older Americans Act funds. See also related documents, volume I, SHR-0008806; volume III, SHR-0008808. Author abstract modified.

439. Wagner, Sara B.; and Miller, Carolyn.
JWK International Corp., Annandale, VA.
Exploratory Study of Senior Centers. Final Report (Volume III): Policy Options Report.
Jul 81, 70p
SHR-0008808 Available NTIS PC $9.00/MF $4.00

This final report of a study to determine the role of senior center programs in the provision of health and human services to older persons identifies and discusses the advantages and disadvantages of Federal involvement in senior centers. The overall study grew out of a "Service Delivery Assessment" conducted by the Office of the Inspector General of DHHS. Data were collected through interviews, site visits to 32 centers, and mail questionnaires completed by 39 centers. Particular attention was directed toward center services for frail elderly persons. Policy options were examined in the following areas: Federal funding and senior centers, State units on aging and senior centers, area agencies on aging and senior centers, community focal points for aging services, congregate meals programs, home-delivered meals programs, accountability, and the centers and the frail elderly. Four levels of service currently provided to older people by senior centers are identified and discussed. All of the study centers were found to provide Level 1 services, which include recreation, health screening, counseling, and other activities. Most of the study centers provide Level 2 services, which include such services to the homebound as information and referral, meals on wheels, and home repair. Level 3 services, home health services and formal case management, are less often provided directly by the centers. Level 4 service, adult day care, also is not often provided directly by senior centers. Federal policy in relation to senior centers must allow for the grass roots nature of center development and centers' inherent diversity. Government probably should not favor a particular means of reaching its goals unless this instrument is the most effective approach. It is important to note that the diversity of senior centers reflects the disparate objectives of the Older Americans Act. The Government should focus on providing guidance and technical assistance to help localities meet their goals. Footnotes are included. See also related documents, volume I, SHR-0008806; volume II, SHR-0008807. Author abstract modified.

440. Warner-Reitz, Anne; Grothe, Carolyn; and Dunn, Tedi.
Meals for Millions/Freedom From Hunger Foundation, New York.
Healthy Lifestyle for Seniors: An Interdisciplinary Approach to Healthy Aging.
Nov 81, 484p
SHR-0009186 Available from Meals for Millions/Freedom From Hunger Foundation, 815 Second Avenue, Suite 501, New York, NY 10017.

This manual provides step-by-step guidelines for developing and implementing holistic, self-help health care classes and programs to enable elderly persons to improve their physical, mental, emotional, and spiritual health and well-being by adopting healthier attitudes and behaviors and by making significant lifestyle changes. The manual is intended for practitioners, administrators, educators, and planners in such settings as senior centers, day care facilities, board and care homes, adult education settings, and hospitals. The guidelines are based on the experience of the Healthy Lifestyle for Seniors Project, which began its first program in 1978. Instructions on organizing a program cover holistic health concepts; their application to an interdisciplinary, self-help health program; and the development of the policy regarding program administration and implementation issues such as staffing, screening, recruitment, and insurance. A presentation of curriculum approaches and content covers the development of objectives, educational methods, and the formal integration of the curriculum. The goals and content of the curriculum are discussed for each of the four components: health monitoring, nutrition, exercise, and stress management. Concepts and techniques of program evaluation are also explained. Evaluation instruments and procedures, evaluation issues and programs, and suggestions for adapting the text's evaluation model are given. The benefits and central characteristics of the lifestyle change model used as the basis for the program are also discussed. Lesson plans, tables, a list of 64 references, and appendices presenting sample publicity materials, program forms, and related materials are provided. Program Development Manual.

441. Washington, Robert O.; Rindfleisch, Nolan J.; Toomey, Beverly; Bushnell, Jon; and Pecora, Peter J.
Ohio State Univ., Columbus. Coll. of Social Work.
Project Report, Volume I. A Report of the Ohio-Wisconsin Children's Services Training Needs Assessment Project.
Jun 79, 216p
SHR-0008412 Available from Ohio State University, College of Social Work, Stillman Hall, Columbus, OH 43210, Attn: Nolan Rindfleisch, Ph.D.

441.

This report contains a full description of the project design, development, and test of a package of training needs assessment instruments in Ohio and Wisconsin. The project sought to develop a set of instruments for assessing the training needs of front line child welfare workers. The project developed a combination of needs assessment methodologies and produced a model for conducting a training needs assessment consisting of planning, designing, implementing, and utilizing phases. Survey instruments were designed including a key informant survey guide, a front line worker's questionnaire, and a supervisor's questionnaire. Additional products were a job analysis manual and a model for using the above questionnaire, a training needs indicator model and an indicator's profile form, and a model of training needs assessment components in a staff development information system. Also developed were procedures for using some alternative methods of group decisionmaking to identify problem areas, prioritize training needs, and set training objectives. Two final products were a guideline for utilization of a training needs assessment in staff development program planning and a manual for integrated use of the package. The report states the problem and the plan, describes children's services and staff development in the two States, and summarizes inputs from practitioners on the project task force and from sample counties in the States. A needs assessment state of the art is provided and the methodology reported for the development of the survey instruments. Testing of the instruments and analyzing the results for prioritization and objective setting are also described. The resulting training needs indicator profile is offered as a sample and staff development information system suggestions are made. Tables, graphs, and a bibliography of 42 items are given. See also related documents, SHR-0008413—SHR-0008416.

442. Washington, Robert O.; Rindfleisch, Nolan J.; Toomey, Beverly; Bushnell, Jon; and Pecora, Peter J.
Ohio State Univ., Columbus. Coll. of Social Work.
Project Report, Volume II. A Report of the Ohio-Wisconsin Children's Services Training Needs Assessment Project.
Jun 79, 431p
SHR-0008413 Available from Ohio State University, College of Social Work, Stillman Hall, Columbus, OH 43210, Attn: Nolan Rindfleisch, Ph.D.

This volume is an appendix to a comprehensive project report concerned with developing training needs assessments of workers in children's services in Wisconsin and Ohio. The volume outlines the procedures followed in forming a statewide Ohio task force, which was assembled to assist the project's early phases as part of the planning mechanism. The composition of the task force and procedures for selecting candidates and enlisting their participation are delineated. Agendas and meeting schedules are included, as is a list of the task force membership. It is emphasized that the membership was representative of public children's services personnel at State, district, and local levels including supervisory and front line staff from local agencies, as well as representatives of public and voluntary groups with an interest in the delivery of children's services. Other appendices in the volume are core task statements, and a series of survey instruments developed by the project. The latter include the key informant survey guide, the front line worker's questionnaire, the supervisor's questionnaire, task/knowledge validation, and prioritizing materials. Results of the key informant survey are briefly summarized. See also related documents SHR-0008412; SHR-0008414—SHR-0008416.

443. Wells, Susan J.
California Univ., Los Angeles. Region 9 Child Welfare Training Center.
Case Management and Child Welfare.

Ser 80, 11p
SHR-0009184 Available from UCLA School of Social Welfare, Region 9, Child Welfare Training Center, 405 Hilgard Avenue, Los Angeles, CA 90026.

This paper attempts to clear up the confusion encountered in reviewing the literature on case management (CM). It examines the dilemmas of putting knowledge into practice and determines the actual benefits that can be derived from good CM. The most commonly explored elements of CM are interagency coordination, intra-agency decisionmaking, and standardized information systems. Essential characteristics of CM coordination are identified as standardized intake; a broad needs assessment; a time-limited, rational, and comprehensive service plan; continual monitoring of progress with changes in the plan as needed; and case advocacy. Additional facets that are often suggested are outreach, a written contract with the client, systematic recordkeeping, use of natural helping networks, a one-to-one relationship with the client, termination, and followup. The renewal of casework awareness represents a continuing effort to fill gaps in service, prevent wasteful overlapping, provide the best service for the dollar, and ensure some form of accountability. One of the principal aims of CM is that it be beneficial to the consumer. It is meant to take the burden for making the system work off the client and put it back on the system itself. The goals for the client are to support family stability and reduced separation; to ensure speedy rehabilitation and reunification; to guarantee permanency for children; and to facilitate independent living if that is the best solution. In order to serve the consumers, the efficient functioning of the system must be balanced with the needs of the people served. Issues that administrators and educators must deal with include determining the elements of good CM, the requisite skills for implementing a quality CM system, the barriers to implementation, ways in which agencies can facilitate CM, and realistic goals of the practice. A total of 26 notes are given.

444. White, Michelle J.
Urban Inst., Washington, DC.
Nonprofit Firms in a Three Sector Economy.
1981, 181p
SHR-0009092 Available from The Urban Institute, 2100 M Street NW, Washington, DC 20037, order number URI32700.

These research papers examine the nonprofit sector, with attention to both interrelationships among nonprofit, for-profit, and public sectors and issues relevant for public policy. Two papers investigate differences in production techniques and entrepreneurship among nonprofits, for-profits, and public sector firms in the same industry. The first focuses on museums and finds nonprofit firms choosing inefficient production techniques relative to for-profits and thereby incurring greater cost. This is because managers of nonprofit museums cannot be compensated according to the net earning of the museum and are less likely to undertake policies that will increase the museum's net earnings. Also, nonprofits are insulated from the discipline of the market. The second paper focuses on a variety of social service agencies and views nonprofits as attracting dedicated entrepreneurs who often have a strong commitment to a particular philosophy of social service delivery but only a secondary interest in financial reward. A paper dealing with the relative size of the nonprofit versus the public sector within an industry develops a model, based on the theory advanced by Weisbrod (1975), that the voluntary nonprofit sector can "starve" the public sector and thus subsidies of nonprofits should be of concern. Another paper models the supply of volunteer labor to nonprofits, and another focuses on government grants to nonprofits, raising the issues of whether grants to nonprofits cause a decrease in private donations. Other studies investigate the behavior of citizen interest lobby groups for stronger environmental protection and analyze the exemption of nonprofits from the corporate tax, arguing that the "net revenues" of "nonprofits" could be taxed.

444.

Footnotes, references, tables, and graphs accompany many of the papers. COUPE Papers on Public Economics, Volume 6. The papers in this volume were presented at the Spring 1980 meeting of the Committee on Urban Public Economics. Author abstract modified.

445. Whiteneck, Gale G.; and Larson, Carl E.
Denver Regional Council of Governments, CO. Office on Aging.
Aging Services Program Impact and Needs Assessment.
May 81, 58p
SHR-0009006 Available from Denver Regional Council of Governments, 2480 West 26th Avenue, Suite 200B, Denver, CO 80211.

An aging services impact and needs assessment was conducted to improve the planning of the Denver Regional Council of Governments (DRCOG) program for older persons. A random sample of 600 elderly persons (age 60 and over) were interviewed in the 8 counties of Colorado Planning and Management Region III using a critical incident survey technique. They were asked to describe specific problems they had encountered and any assistance they received. The interview also reviewed DRCOG-funded programs and sought incidents where these programs assisted older persons with their problems. The study addressed several major questions, including the types of problems encountered by older persons, the differences in the types of problems encountered by various demographic subgroups in the region, and ways in which older persons respond to their problems and sources of assistance they use. Of the 600 persons interviewed, 11 percent reported no significant problems for which they need or would like to have had assistance, and the rest described 904 problems. The survey found that the most prevalent problems of older persons concerned health and finances. Other significant problem areas involved emotional states, transportation, housing, safety/crime, and dependency. Older persons reported receiving some assistance with 57 percent of their problems. Sources of assistance were mainly family, friends, health care professionals, and human service programs. After reviewing the programs funded by DRCOG, 18.5 percent of those interviewed were able to recall and describe specific problems assisted by DRCOG programs. Among the DRCOG programs, senior centers were the most frequently used and the most frequently cited as helpful. A total of 88 percent of the older persons who had used DRCOG programs said they were highly satisfied with the services received. The report concludes that the assessment data reflect a generally positive evaluation of DRCOG. The DRCOG-funded programs are providing about one-third of all programmatic assistance to the elderly in the region. Recommendations include strengthening or maintaining DRCOG's support of senior centers, maintaining or strengthening DRCOG's support for problem detection programs, and increasing the health emphasis in DRCOG programs. Tables and figures are provided. Study data and instruments are appended.

446. Wisconsin Dept. of Health and Social Services, Madison.
Discussion of the Community Options Program.
Mar 81, 68p
SHR-0008672 Available NTIS PC $9.00/MF $4.00

The Community Options Program in Wisconsin is designed to ensure more complete and coordinated assessments of the physical, emotional, and social needs of chronically disabled persons; to ensure better linkage between institutional health and community service delivery systems; and to improve the ability of county agencies to mobilize and package diverse community services that can serve as effective alternatives. The Community Options Program is potentially available for all people with chronic disabilities who are facing the prospect of nursing home care or who are already in nursing homes or State centers for the developmentally disabled and want to return to the community. Services provided through this program will be no more expensive than nursing home care and most likely will cost less. The program should increase the capacity of counties to target flexible resources for helping people to live in the community. The single most important reason for the program is to assist elderly and disabled persons to lead lives in the community with as much dignity, value, and independence as possible. The report describes the Community Options Program in detail and lists questions and answers to explain why certain approaches have been taken in the design of the program. The comments illustrate different ways in which the program might be tailored to the situation in individual counties. Minimum funding allocations for counties, examples of diversion, and proposed statutory language are appended.

447. Wisconsin Dept. of Health and Social Services, Madison. Bureau of Evaluation.
Evaluation of the Implementation of the Child Abuse and Neglect Act: County Department of Social Services Component.
Jun 81, 167p
SHR-0008678 Available NTIS PC $15.00/MF $4.00

This report discusses the implementation of the Wisconsin Child Abuse and Neglect Act (S48.981)at the county department of social services (CDSS) level. This study was conducted through a survey of all CDSS caseworkers and protective services supervisors who had investigated, served, or provided case management to a child abuse or neglect–related case during 1980 or at the time of the survey in January and February 1981. In addition, 284 CDSS child abuse and neglect case records were reviewed by teams of county, regional, and central office staff. Substantive changes in S 48.981 are recommended. These include changing the purpose of the investigation of reports of child abuse or neglect from determining whether the report is "indicated" or "unfounded" to whether a child is in need of protection or services or whether an ongoing need for services exists. Moreover, the Central Registry should be eliminated. Comprehensive due process safeguards, including the right to challenge and correct information, should be established for personal information that is collected, maintained, and disseminated by CDSS as a result of investigations of child abuse and neglect reports. These recommendations are meant to change the nature of CDSS investigations from quasi–legal and potentially adversarial to helping. Reporting of suspected child abuse or neglect would continue, but as a means of identifying potentially at–risk children. Additional and ongoing inservice training in the specialized area of child abuse and neglect is recommended for all those who work with such cases. Tables and appendices giving study instruments, case record review protocol, and other related materials are included. Author abstract modified.

448. Young, Debbie; and Bigelow, Douglas A.
Oregon State Dept. of Human Resources, Salem. Program Analysis Section.
Impact of a Case Management Program.
Jul 81, 104p
SHR-0009246 Available from Program Analysis Section, Oregon Mental Health Division, 2575 Bittern Street NE, Salem, OR 97310.

This report evaluates a case management program for the chronically mentally ill discharged from State hospitals in Oregon into the community. Using hospital utilization ratings, client interviews, and interviewer ratings, this study compared two groups of mentally ill persons who had been discharged between June and October 1980: 21 individuals receiving case management services from the mental health department that were distinguished by their aggressive outreach, comprehensiveness of treatment goals, and small caseloads and 21 persons who were eligible for the program but had not participated. Both groups were composed of slightly more males and were predominantly white and unmarried. Analysis showed that the case managed group demonstrated far less hospitalization than the comparison group and had significantly fewer irregular discharges once rehospitalized. They also lived in more desirable environments in terms of physical conditions and supportive structures, had better daily living skills, fewer financial problems, and more employment-related services. Tests indicated that case managed clients experienced less psychological distress and a greater sense of well-being than comparison clients, probably because of better medication monitoring and more mental health services. Other areas where the case managed individuals were more successful included structuring daily time, ability to get around the community, and social supports. In conclusion, the case management approach appeared to be very effective. Tables and references are included.

449. Zaki, Gamal; and Zaki, Sylvia.
Rhode Island Coll. Gerontology Center, Providence.
Day Care as a Long-Term Care Service: Study.
15 Feb 82, 185p
SHR-0009282 Available from Rhode Island College Gerontology Center, 600 Mt. Pleasant Avenue, Providence, RI 02908.

The study examines types of day care available to the elderly in the catchment area of the Southeastern New England Long-Term Care Gerontology Center (SNELTCGC) and their function within the local treatment network. The study consists of a survey of literature, a survey of day care centers in the catchment area, development of data collection techniques, data collection, and data tabulation, analysis, and interpretation. After outlining the history of day care to the elderly and defining terms, the study compares features of the various centers (i.e., physical facilities, admission criteria, intake and review procedures, participant profiles, center characteristics, budgets and financial resources, staffing, services, daily activities, and the centers' relationships with families and community agencies). The data suggest that there is a clear identification of the day care centers as an integral part of the network of long-term care services. But the centers have not, as hoped, developed as a viable alternative to institutionalization. Instead, they appear to have become a natural extension to the nursing home, leading to confusion and an identity crisis. In some cases, the integration of the staff and services of the nursing home and the day care center is an impediment to the development of a valid structure. Selection criteria for admission vary from center to center, but a tendency among centers to take any clients over 16 years old suggests a need for reassessment of the appropriateness of such a diverse client mix. The quality of services offered also varies widely, depending on admission criteria for clients and available staff. It is concluded that the centers must establish their identity as free-standing agencies, working carefully with day care agencies, community agencies, and families to maintain the support systems of clients. SNELTCGC should play a vital advocacy role in instituting standards and Medicaid guidelines for such centers, in identifying linkages between components of the long-term care services, and in developing mechanisms for providing information to the public. References, tables, appendices, and a bibliography of over 300 citations are supplied.

450. Zimmerman, Joseph F.
State Response to Local Problems.
1981, 102p
SHR-0008524 Available NTIS PC $12.00/MF $4.00

The States have played one or more of three roles—inhibitor, facilitator, and initiator—

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relative to the solution of local government problems. The State, through constitutional restrictions, has acted as an inhibitor of the creation of general purpose metropolitan governments and the solution of areawide problems in several States. However, many States have acted to facilitate the formation of metropolitan governments by authorizing the creation of study commissions and by placing the question of creating an areawide government on the referendum ballot. States also have empowered local governments to enter into intergovernmental agreements designed to solve the problems and by providing technical and financial assistance to local governments desiring to enter into cooperative agreements. In the 19th century, Massachusetts and New York acted as initiators of the formation of metropolitan governments. In the 20th century, only Indiana has ordered the creation of a general purpose areawide government and not allowed voters to decide by referendum. The tightening of incorporation standards, liberalization of annexation statutes, and creation of boundary review boards have been important developments in several States during the past 20 years. A related development is the increasing use of preemptive powers by the State legislature. The urbanized States undoubtedly will become more deeply involved in solving metropolitan problems through direct State action and standard setting during the next decade. This will be due, in part, to the Federal Government's prodding as it continues to rely upon the States to develop and implement programs meeting Federal environmental standards. A total of 163 notes are appended. Presented at the Maxwell Graduate School of Citizenship and Public Affairs, Syracuse University, March 24, 1981. Author abstract modified.

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☆U.S. GOVERNMENT PRINTING OFFICE: 1982-361-155:210(82)

PROJECT SHARE
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Office of the Assistant Secretary for
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PROJECT SHARE

Journal of Human Services Abstracts

VOLUME 7 NUMBER 4 October 1982

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Journal of Human Services Abstracts

PROJECT SHARE
P.O. Box 2309
Rockville, Md. 20852
(301) 251-5170

Project Officer, EILEEN WOLFF
Office of the Assistant Secretary for Planning and Evaluation
Department of Health and Human Services

Journal of Human Services Abstracts is published quarterly (January, April, July, October) by PROJECT SHARE.

PROJECT SHARE is operated by Aspen Systems Corporation, under DHEW Contract No. HHS-100-81-0052

PROJECT SHARE

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Preface

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The *Journal of Human Services Abstracts* is published quarterly by Project SHARE, a National Clearinghouse for Improving the Management of Human Services. Project SHARE acquires, evaluates, stores, and makes available a broad range of documentation on subjects of concern to those responsible for the planning, management, and delivery of human services. Project SHARE is operated for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, by Aspen Systems Corporation.

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The *Journal of Human Services Abstracts* is divided into four parts: the abstracts themselves, arranged in alphabetical order by author; an alphabetical list of corporate authors; an alphabetical list of documents; and a subject index. The index provides a timesaving guide to the abstracts by specific subject category. The categories will be listed alphabetically and will include cross-references between conceptually related index terms and cross-references from synonyms to the preferred terms. These are not to be confused with the document accession and ordering numbers which appear at the left of the last line of each citation (see example below).

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See Transportation for disabled or older persons
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Organization/administrative arrangements re human services delivery
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Outreach techniques for urban areas
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As can be seen, one document is relevant to at least two of the subject categories — abstract number 352.

(Sequential abstract no.) **352.** Graubarth, Robin P.
National Women's Health Network, Washington, DC.
Rural Health Issues Committee.
Patterns for Change: Rural Women Organizing for Health.
Jun 81, 63p
(Order number) **SHR-0009306** Available from National Women's Health Network,
224 7th Street SE, Washington, DC 20003.

In the above examples we see that abstract 352, entitled *Patterns for Change: Rural Women Organizing for Health*, was written by Robin P. Graubarth, and underwritten by the National Women's Health Network, that the manual was published in June 1981, and that it is 63 pages long. We also see that the manual is available from a private publisher, the National Women's Health Network, and an address is given where fee or ordering information can be obtained. If the document were available from Project SHARE or NTIS, the statement would say "Project SHARE" or give the paper copy and microfiche copy prices if available from NTIS. The actual abstract of the document would immediately follow these citation data.

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Abstracts

451. Alkin, Marvin C.; Daillak, Richard; and White, Peter.
California Univ., Los Angeles. Center for the Study of Evaluation.
Using Evaluations: Does Evaluation Make a Difference?.
1979, 269p
SHR-0008975 Available from Sage Publications, Inc., 275 South Beverly Drive, Beverly Hills, CA 90212.

This book, presenting the results of five extensive case studies of school programs and their evaluations, examines the influence of the evaluations upon program decisionmaking and program operation. The analysis uses a broad definition of utilization and impact based on the idea that an evaluation has gradual influence on administrators' perceptions of their programs that may slowly change the course of program decisionmaking in concert with other forces. A series of interviews were held at each site with the evaluator, the program director, and one or two others. By piecing together the different points of view from the various interviews, a detailed account of the impact of the evaluation was constructed. Prior to publication, the case study drafts were circulated to the interviewees themselves as a form of field validation of the authenticity and accuracy of the case study report. The study found that evaluation does influence programs, though often in ways that have been overlooked by other researchers. An analytical framework of how and why utilization occurs is presented and the various forms that evaluation influence takes are delineated. The framework is comprised of eight categories: preexisting evaluation bounds, orientation of the users, evaluator's approach, evaluator credibility, organizational factors, extraorganizational factors, information content and reporting, and administrator style. It is contended that the case study descriptions generated this framework and that these detailed descriptions of events that the framework seeks to analyze and explain can be used to test the adequacy of the framework. Tables, notes, and 33 references are given. Sage Library of Social Research, volume 76.

452. Allin, Robert B.; and Allin, Diana W.
Chesterfield Mental Health and Mental Retardation Services, VA.
Home Intervention Program: A Service Delivery Program Involving Intensive Home Based Treatment Interventions With Mentally Retarded/Emotionally Disturbed Individuals and Their Families.
1982, 203p
SHR-0009616 Available from Chesterfield Mental Retardation Services, Attn: Bob Allin, PO Box 92, Chesterfield, VA 23832.

The Home Intervention Program, developed from a concern at local and State levels to provide services specifically for individuals with mental retardation and emotional disturbance, is a cooperative effort between the Mental Retardation Services and the Mental Health Center of Chesterfield County, Va. A 2–year project was set up to research, design, implement, and evaluate a unique model of service for this traditionally underserved population. Participants included families or "acting families" with a mentally retarded member who presented abusive and/or disruptive behaviors at home. Working in the natural environment, a husband–wife therapist team spent 80 to 100 hours per family over a 3–month period to assess the problem and implement a treatment plan. Therapist involvement typically included training significant individuals in the use of behavioral and / or communicative techniques that were tailored to meet special needs and situational demands. Information on retardation and realistic expectations were provided, and psychodynamic issues at individual and family levels were given attention. Results indicated high levels of success in eliminating or decreasing presenting problem behavior, increasing independence and personal responsibility, and reducing parents' overwhelmed feelings and tendencies to overprotect. Advantages and limitations of the program model are discussed in addition to issues regarding characteristics of the population studied, factors relating to the provision of

452.

treatment, and the extent of consumer satisfaction with the program. Figures, tables, and about 70 references are provided. Study forms, information, and checklists are appended. Author abstract modified.

453. Almy, Timothy A.
Georgia Univ., Athens. Dept. of Political Science.
Structuring Intergovernmental Coordination: MARTA and the City of Atlanta.
Jul 79, 24p
PB81-154791 Available NTIS PC $6.00/MF $4.00

This report discusses how the city of Atlanta, Ga., and the Metropolitan Regional Transit Authority (MARTA) established arrangements to facilitate the building of a rapid rail transit system while protecting the interests of Atlanta residents by creating a MARTA coordinator in city hall. Pressures for cooperation between MARTA and the city are highlighted, and origins of the coordinator position are traced. The responsibilities and organization of the coordinator's office are reviewed, as is its role in facilitating interchanges between MARTA and Atlanta. Particular attention is focused on political conflicts between MARTA and the mayor's office and concerns from city agencies that MARTA was pushing transit designs too fast to adequately assess their impact on the city. MARTA in turn complained that city reviews were delaying construction. To reduce review time, the coordinator finally required that each city department identify a MARTA contact person who would be responsible for quick replies to the coordinator. Observations of MARTA officials and the city staff on the usefulness of the coordinator position are presented. University Research Case Studies, no. 3.

454. Alpha Center for Health Planning, Bethesda, MD.
Long-Term Care Resources.
1982, 100p
SHR-0009423 Available from Alpha Center, Reference Service, 7316 Wisconsin Avenue, Suite 400, Bethesda, MD 20814.

This document provides an overview of existing methodologies for developing long-term care services and then describes an innovative approach taken by the Central New York Health Systems Agency (NYHSA). Assessments of the present long-term care delivery system indicate that it is costly, ineffective, fragmented, and biased toward nursing homes. Many agencies view community support services as a possible solution, but few have taken a systems approach to their development. Methodologies that focus on the availability of nursing home beds are reviewed, followed by a discussion of factors that should be considered when estimating and projecting needs. The NYHSA approach recognizes the interdependent nature of institutional and noninstitutional services and addresses skilled nursing facilities, health-related facilities, residential care, home health care, and personal care services. Other strengths include its use of small areas for analysis and the assumption that community-based alternatives should be substituted for nursing home beds whenever possible. An outline of steps in the application of this method covers calculating the needs for types of services, the impact of system performance factors such as patient backup and turnover, relationships among long-term care settings, and needs of special populations. Additional considerations that planners may want to examine are identified, including data sources and methodological limitations. Supplemental materials used in the NYHSA approach are appended, such as definitions and predictive models. Footnotes, tables, and charts are included. Methodological Notes, note no. 2.

455. Antler, Stephen.
National Association of Social Workers, Inc., Washington, DC.
Child Abuse and Child Protection: Policy and Practice.

1982, 164p
SHR-0009428 Available from National Association of Social Workers, Publication Sales, 7981 Eastern Avenue, Silver Spring, MD 20910.

Twenty-three articles provide a comprehensive overview of issues in child abuse from the perspective of practice and policy, and document the need for multilevel intervention and for a variety of community resources to help families because of the many factors involved in abusive situations. Articles focusing on the nature and extent of the problem note the emphasis on clinical casework as the preferred helping method and suggest that abuse and neglect are directly and inextricably linked to economic status. A review of methods used in the treatment of abusing parents compares various clinical methods for the treatment of child abuse and offers guidelines for their use in different types of family situations. Other articles focus on treatment designed to equip parents with basic skills in child rearing and family management; the use of homemakers to supply both physical services and friendship; and the mutual support group, Parents Anonymous. Other approaches described include the use of trained lay therapists to give personal support to clients at any hour required, the use of volunteers as mentors to parents, and services to older children and adolescents. The problems of childhood sexual abuse and of the protection of confidentiality of client records are also explored. Articles focusing on child protective workers examine the causes and relief of burnout, the concept of leaderless support groups among professionals, the need to protect workers, and the use of authority and coercion in protective services. Discussions of policy issues focus on the lack of primary prevention efforts, the desirability of universal social services for families with young children, approaches to family policy that would assist families in child rearing, and approaches to child care for children under age 3 in five European countries. Chapter reference lists are provided. Readings in Social Work Series.

456. Arling, Greg.
Virginia Center on Aging, Richmond.
Impaired Elderly and Long Term Care Through the 1980's.
14 Aug 81, 42p
SHR-0009416 Available from Virginia Center On Aging, 830 East Main Street, Richmond, VA 23219.

This report reviews the conditions of impaired elderly in Virginia, the settings in which they live, and the proportion who receive long-term care through State-administered funds. Major information sources included a 1979 household survey of Virginia residents over 60, a research project comparing persons admitted to nursing homes or placed in other settings for care, and a 1981 State census of nursing home residents and persons on waiting lists for nursing homes. According to these data, only 103,000(13 percent)of the total elderly population had major difficulties in meeting basic daily needs. Approximately 71 percent of this impaired group lived at home, and most received care from family members. Many of the 17 percent who were in nursing homes had Medicaid coverage, while the 2 percent in geriatric mental health facilities were supported primarily by State-administered funds. Of the 10 percent in adult homes, most were self-supporting. Examination of the characteristics of the impaired elderly in the community showed that they were slightly younger, more likely to be married, and less likely to be female than persons in institutions. The impaired elderly usually entered an institution when deteriorating physical or mental health placed severe strains on the family caregiver. The survey of nursing home applicants revealed that this group had considerably lower economic resources than the total older population. Following projections of the elderly population in Virginia and the demand for nursing home care, the report discusses the roles of adult homes, in-home services, and day care in providing less costly alternatives for long-term care. Tables, figures, definitions of impairment, and estimates of nursing home demand and bed capacity between 1981 and 1990 are included. Special report to the Virginia General Assembly Joint Subcommittee (House Appropriations Committee and Senate Finance Committee) Studying Health Care Facilities.

457. Armstrong, David; and Warner, Patricia Cassidy.
Franklin/Hampshire Community Mental Health Center, Northampton, MA.
Elder Support Project: An Example of the Formal/Informal Coalition. Final Evaluation Report.
1982, 106p
SHR-0009619 Available from Consultation and Education Unit, Franklin/Hampshire Community Mental Health Center, PO Box 625, Northampton, MA 01061.

The Elder Support Project (ESP) is a primary prevention intervention based on the use of social networks as support for issues of aging and elders in the community. A basic ESP assumption is that any person who interacts with old people can contribute to, or detract from, the older person's sense of competence and self-worth. Three community consultants identified and established consultative relationships with key representatives of three rural communities' natural support networks over a 2-year period. The primary goal of the project was to offer the facilitation, consultation, and community education resources of a community mental health center to elders and their networks in a way that respected the interests of the community and retained the primary locus of responsibility within the community. Overall, the work of ESP carried significant impact on a wide range of social networks, from individual widowers helped by a central helping figure, to town organizations and councils on aging, to the area network of formal elder services. About 100 references are given; listings of project goals and ESP publications are appended. Author abstract modified.

458. Armstrong, Kay; and Heverly, Mary Anne.
Family Support Center, Yeadon, PA.
Demonstration of an Abuse and Dependency Prevention Program for Infants and Preschoolers.
Dec 81, 80p
SHR-0009372 Available NTIS PC $10.50/MF $4.00

This report describes and evaluates the Family Support Center, a 3-year program located in the Philadelphia, Pa., area and designed to prevent child abuse and developmental delays that could lead to dependency in adulthood. The center's model combined concepts and intervention approaches from the fields of child abuse, early child development, and education. Funding came from Federal, State, and private sources. The program's staff included social workers, pediatric nurses, educators, a parent educator, an occupational therapist, and a psychologist supplemented by support staff, board, and volunteers. The program's three phases included home-based services, such as counseling for parents and help in using specific services; a family school that provided educational activities for parents and children 2 days a week for 13 weeks; and a peer support group for parents along with followup counseling and referral and / or educational therapy in the home for children. Thus, the model included both direct services to parents and children and a planned and supervised opportunity for parents and children to interact and learn together. A total of 99 families with their 152 children, ages 4 and under, took part in the program between October 1, 1978, and September 30, 1981. Observations showed that positive changes occurred in the home environment and in parent-child interaction as a result of the program. Families' stress levels dropped significantly. Families that took part in all three phases of the program showed greater changes than other families. Children with speech delays especially benefited from the family school. A cost-effectiveness analysis revealed that the program provided a net savings of almost $300,000 per year to society and added 113 additional healthy years of life. The model could be used by other agencies. Information about the program was disseminated through the media and numerous other means. Tables are included. Author abstract modified.

459. Baker, Marilia; Veagra, Saray de; and Witham, Patricia.
Boston Coll., MA. Graduate School of Social Work.
Education Cooperative and Its Applicability to Developing Countries.
1980, 64p
SHR-0009478 Available NTIS PC $9.00/MF $4.00

This report summarizes the experiences of three graduate students from Latin America at The Education Cooperative (TEC)—a collaborative effort among 10 Massachusetts school districts—and discusses the transfer of the knowledge acquired to actual practice in their respective countries. General characteristics of educational collaboratives are detailed, and TEC's history is reviewed. TEC has been involved in promoting greater understanding of regional resources in special education and identifying existing materials, facilities, and programs in member districts. Each graduate student was assigned to a different TEC project: the career education program aimed at integrating classroom knowledge with the world of work; the career opportunities program, an effort to provide career opportunities to junior and senior high school students with developmental disabilities; and a model training program for parents of young children with special needs and professionals who work with these children. The report describes each project as well as the individual intern's activities. It then discusses the replication of these programs in Brazil, Chile, and Panama. Basic information about each country is provided. The final section examines the applicability of the collaborative concept to developing countries. Tables, charts, and references are provided.

460. Barker, Linda Toms; and Meek, Carol.
Berkeley Planning Associates, CA.
Analysis of Section 504 Technical Assistance Needs in Sheltered Workshops.
6 Apr 81, 82p
SHR-0009401 Available from Claudia Adams, Office of Civil Rights, DHHS, Room 5006, 330 Independence Avenue SW, Washington, DC 20001.

A literature review and site visits to nine selected sheltered workshops were used to gather information on sheltered workshops' needs for technical assistance to improve their compliance with Section 504 of the Rehabilitation Act of 1973. Section 504 is one of a series of laws aimed at securing for disabled people the opportunities and entitlements enjoyed by their nondisabled counterparts. The literature review and discussions with experts in related fields confirmed that sheltered workshops do have unique compliance problems, highlighted the major issue areas, and identified exemplary programs that might serve as models. The site visits revealed that most sites were relatively unfamiliar with the Section 504 provisions but used many practices that were directly relevant to the regulation's intent. Twenty practices were identified as being the most important to Section 504 compliance. Among these were explicit eligibility criteria, periodic reevaluation of client progress, individualized program planning with client involvement, program accessibility, formal wage-setting mechanisms, and grievance procedures. Five categories of technical assistance needs were identified: (1) providing information, (2) establishing criteria for compliance, (3) training, (4) funding, and (5) establishing a demonstration program. Specific technical assistance activities that the Office of Civil Rights of DHHS is advised to undertake include disseminating basic information about Section 504 provisions and their implications for sheltered workshops, establishing a clearinghouse for information about innovative methods and successful practices, providing onsite training in such areas as effective case management and use of community resources, and establishing specific compliance standards in such areas as client monitoring and wage-setting mechanisms. Footnotes, a table, and 42 references are provided. Author abstract modified.

461. Becker, Carol Moody; Matthew, Barbara; and McNickle, Larry.
United States Conference of Mayors, Washington, DC.
Community Education and Services to the Elderly.
1978, 16p
SHR-0009453 Available from Pima Council on Aging Library, 100 East Alameda, Suite 406, Tucson, AZ 85701.

This report discusses the ways in which community education can benefit both elderly persons and the relationships between municipal governments and school districts, describes several existing community education programs involving the elderly, and presents guidelines for starting such a program. Community education entails the total involvement of all segments of a community and makes the school the center of the community's academic, social, cultural, recreational, and educational life. The community education concept offers mayors a means to approach their schools on a positive basis and to eventually work on such broader issues as job development and the delivery of human services. Community education programs offer an especially effective means for cities to deliver services to the elderly as well as a way to use senior citizens as valuable volunteers. Day care programs for the elderly as well as social and health services can easily be incorporated within a school building. Educational programs for the elderly can improve the quality of their lives. Elderly persons can also contribute to community education by serving as tutors and school librarians, by helping their peers through such services as shopping and transportation, and through aiding the management of public and nonprofit agencies. Many cities are already serving and involving the elderly through community education. Community education programs can provide a permanent social structure to which newcomers and long-term residents can relate. To start a program, the mayor, school superintendent, and school board president should confer on the best means to administer the program. A task force, consortium, and administrative coordinating committee are also desirable to develop and administer the program. A list of resource organizations is provided.

462. Berkeley Planning Associates, CA.
Policies of Private Employers Toward the Disabled: A Review of Current Programs and Relevant Literature.
Feb 80, 143p
SHR-0009466 Available from Berkeley Planning Associates, 3200 Adeline Street, Berkeley, CA 94703.

A literature review and interviews with Federal officials, State administrators, and private employers formed the basis for this study of current policies and practices regarding the employment of handicapped persons. The study focused on four issues: (1) whether disabled persons are more, less, or as productive as other nondisabled workers when given the chance to take a given job; (2) whether employers are less willing to hire the disabled because of perceived greater costs, customer reaction, personal prejudice, the reaction of fellow workers, union rules, or other reasons unrelated to the individual's ability to do the job; (3) job modifications that private employers are willing to make for disabled persons; and (4) fringe benefits available to disabled persons and these benefits' inclusion on employer costs and employment decisions. A review of the extent to which disabled individuals are included in the labor force is followed by a discussion of a number of public and private programs that enhance the position of disabled persons with respect to employment. An examination of specific barriers to employment faced by handicapped persons focuses on the four areas emphasized in the study. Findings show that the handicapped continue to represent a disproportionate share of the Nation's unemployed persons. Although many factors leading to this situation are not subject to policy manipulation, unfounded fears regarding the productivity and employability of the disabled as well as other concerns have created far less than a positive environment for handicapped persons. Limited demonstration projects are identifying effective strategies for promoting handicapped persons' employment. Lists of research and policy issues, 125 references, and a review of British literature on employment problems of physically disabled persons are provided.

463. Billings, Gloria.
Alternatives to Nursing Home Care: An Update.
1982, 10p
SHR-0009536 Pub. in Aging n325-326 p2-11 Mar/Apr 82.

The article surveys various types of alternative care for the elderly, including domiciliary care, home health care, community day care, and hospice care, and notes (in some cases) their cost effectiveness and level of client satisfaction. One study indicates that from 10 to 40 percent of aged nursing home residents could return to the community if appropriate support services were available. Domiciliary care facilities, which provide a variety of living arrangements and a wide array of basic services to disabled persons, have become more numerous recently and tend to serve younger male patients. Home health care can be an ideal form of alternative care. Home health care users consistently score higher in contentment and psychological well-being than to institutionalized users of long-term care. One of the newer alternative services, medical day care for adults, helps the elderly receive medical care while living at home and maintaining their social ties. One study found that the daily costs for day care clients exceeded those for nursing home residents, but costs per "episode" of care were lower largely because fewer days of care were used. Hospice care, which addresses the special needs of dying patients and their families, is also available to the elderly. The coordination and management of long-term care (the channeling concept) need to be improved, and a national channeling demonstration project is currently underway as part of DHHS' long-term initiative. It is generally believed that a significant proportion of patients can be treated in the community at a per diem cost lower than in a nursing home. Studies illustrate these cost savings.

464. Blume, Richard.
Social Services Research Inst./Welfare Research, Inc., Washington, DC.
Foster Care in the United States: The State-of-the-Art.
Nov 81, 57p
SHR-0009382 Available from WRI, Suite 810, 112 State Street, Albany, NY 12207.

This paper summarizes the current state-of-the-art regarding foster care services in terms of research, current policies and problematic issues, and Federal funding and legislation. The primary reason for foster care is parents' unwillingness or inability to continue caring for their child. A frequent cause of placement is inadequate housing and other financial strains that threaten the child with basic deprivation. Problems of the foster care system are that length of placement is rarely specified, that some children remain in care for as long as 4 and 6 years, that children change homes frequently, and that 100,000 children in foster care are awaiting adoption. In addition, too many children are institutionalized while others are placed at great distances from their parents' home. The current effort is to avoid foster care through preventive services to troubled families and to terminate foster care by returning children to their biological families as soon as possible. Family counseling and reliance on extended family networks are principal assistance techniques.

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Many States are also implementing stronger foster care systems with the goals of reuniting families through caseworker performance standards and sanctions, computerized tracking systems, client contracts, and provision for parental visiting. Troublesome issues with the system concern the legal rights of parents and children, inappropriate placements and institutionalizations, and overrepresentation of disadvantaged minorities in the system. The crucial shortcoming in Federal involvement with foster care is that the program operates without regard to services required or linkages with other child welfare and social service programs. A 1980 reform proposal aims to shift fiscal incentives away from prolonged placement towards maintaining children in their own or permanent adoptive homes. A 52-item bibliography is given.

465. Bokser, Kallia.
New York City Housing Authority. Office for the Aging.
Senior Resident Advisor Program: A First Step in a Continuum of Care.
Jun 82, 89p
SHR-0009620 Available from New York City Housing Authority, Office for the Aging, 250 Broadway, New York, NY 10007, Attn: Kallia Bokser.

A 3-year longitudinal study evaluates the effectiveness of the Senior Resident Advisor (SRA) program in New York City. It includes 5 sites housing an elderly population of 1,268, under the auspices of the city's Housing Authority (NYCHA). Of the total residents, 52 percent were frail, impaired, and 75 years and older. The project intends to develop an onsite, simple, low-cost, maximally flexible, service delivery system to maintain physically and / or mentally impaired elderly living in NYCHA developments, thereby limiting premature and unnecessary institutionalization. The project provides 24-hour crisis intervention, linkage and coordination with other community-based aging services, monitoring and quality control of in-home services by community providers, services tailored to individual needs, and increased social contacts to reduce isolation. Services are provided at one-stop centers located at each site. Project staff keep personal and health histories on each tenant, develop individualized care plans, and maintain followup and progress reports. A monitoring system is based on buddy concepts, with routine daily tenant contact through the floor captain. The study compared the five program sites with three other similar NYCHA developments. Results indicate that the program is successful in preventing institutionalization among SRA tenants, even though the experimental group includes more physically impaired residents than the control group. Perceived support networks are also significantly greater among the experimental group. The model is cost effective when shelter subsidies are included. Tables and a 35-item bibliography are included; additional data are appended.

466. Boyenga, Kirk W.
Industry as a Medium for Delivery of Counseling and Other Human Services.
Nov 80, 20p
SHR-0009407 Available from Burrel Community Mental Health Center, PO Box 1611 SSS, Springfield, MO 65805.

This paper discusses the need for mutually satisfying relationships between private employers and providers of medical and mental health services and offers guidelines for developing effective working arrangements. Industry gradually has become involved with its employees' problems and ways to solve them, influenced by the activities of Alcoholics Anonymous, industrial social workers, and industrial psychologists. Contemporary realities that necessitate improved interactions between industry and service providers are examined, including costs of people-related problems to industry, concern with quality control over human services, and anticipated decreases in government-mandated and government-funded programs. In this context, several criteria are detailed to provide a framework for successful employer-service provider partnerships. Any agreement must initially be based on verification of an identifiable need, have executive backing, and incorporate a clear information program to enlist participation. Other features are the ability to link the employees to the counseling or education services they need, a qualified professional staff, confidentiality, minimum red tape, and making services available for the entire family. Finally, supervisors must be trained and actively involved in the health program, and its services must be well-documented. Benefits that industry can expect from contracts with health service providers are described, such as improved productivity and lowered dependence on government programs. Moreover, such arrangements would replace costly third party reimbursement systems, encourage preventive programs, and improve the reputation of the health service industry. About 25 references and footnotes are included. Presented at the American Association for Marriage and Family Therapy Annual Meeting, November 7, 1980, Toronto, Ontario, Canada.

467. Brahce, Carl I.; Silverman, Alida G.; and Leon, Joel.
Michigan Univ., Ann Arbor. Inst. of Gerontology.
Altering a Service Delivery System to Improve Family Care of the Elderly.
1981, 282p
SHR-0009495 Available from Institute of Gerontology, University of Michigan, 300 North Ingalls, Ann Arbor, MI 48109.

This report documents the development of a training module to replicate As Parents Grow Older (APGO), a program to assist adult children caring for elderly parents created by Child and Family Services (CFS), Inc., of Michigan. A collaboration between the CFS and the University of Michigan's Institute of Gerontology, this project also assessed CFS's ability to improve services to families with older members through staff development and training. APGO uses group counseling for adult caregivers who meet in groups of 12 once a week for 6 weeks. An overview of APGO is followed by a discussion of issues and problems encountered in conducting a collaborative project. Steps in developing a training manual are described, along with training workshops for facilitators of the APGO groups. The manual was written and field tested in seven CFS branches and then used in several Detroit communities, in Texas communities, and by four national demonstration sites. Results of the APGO evaluation are presented, which indicate that it benefited adult children caregivers. For example, 78 percent believed they were better prepared to cope with current and potential needs of elderly parents, and 81 percent felt the group process was a helpful format for meeting their needs. The project's impact on personnel and administrative policies in CFS branches is also assessed. Finally, the report discusses implications of the project's activities for gerontology and related disciplines and offers recommendations for future research. The appendices contain materials produced by the project, including an APGO session outline, newsletters, evaluation questionnaires, and training workshop agendas. Chapter references are provided.

468. Brown, June H.; Finch, Wilbur A.; Northern, Helen; Taylor, Samuel H.; and Weil, Marie.
Child Welfare League of America, Inc., New York.
Child, Family, Neighborhood: A Master Plan for Social Service Delivery.
1982, 63p
SHR-0009625 Available from Child Welfare League of America, Publications Order Department, 67 Irving Place, New York, NY 10003.

Responding to the need for a more comprehensive approach to social work with and for fami-

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lies, this book advocates a model of service provision intended to coordinate practice through a continuum of service needs from psychosocial education about developmental tasks to mobilizing resources and treatment for severe dysfunction. The objective is to integrate the two social work traditions of microintervention and macrointervention into a single practice model that addresses the needs and goals of contemporary child welfare services. The model postulates that integrated services be offered to families, peer groups, individuals, groups of families, and / or communities, depending upon their perceived requirements. Services would be neighborhood–based and provided by a collaborative team of social workers who would plan, coordinate, and provide preventive and treatment services to families in the community. Although the neighborhood family services office would be connected to a larger social service agency, the team would be administered by an onsite team manager responsible for liaison and coordination with the larger social services network. The model is described in terms of the rationale for the approach, its use in practice, the contextual setting in the community, and program administration. Tabular data and notes are provided.

469. California Governor's Advisory Committee on Child Development Programs, Sacramento.
Employer Sponsored Child Care: Policy Discussions, Recommendations and Bibliography.
Jul 81, 53p
SHR-0009507 Available from Governor's Advisory Committee on Child Development Programs, 1600 Ninth Street, Room 105, Sacramento, CA 95814.

This report presents the findings and policy recommendations of the California Governor's Advisory Committee on Child Development, which examined child care needs and potential State policies to promote child care sponsored by employers. Although the number of children in the United States is declining, the number of children with two working parents or with a single working parent increased by about 17 percent between 1970 and 1978. The three basic types of child care are in–home care, family child care, and center care. The children of working parents whose income is below 84 percent of California's median income are eligible for subsidized child care. However, many eligible children do not receive subsidized care. Working parents who receive aid to families with dependent children can also pay some of their child care expenses through adjustments to their welfare grant under the "income disregard" mechanism. Special programs also help some other persons obtain child care. The Governor's Advisory Committee was established in 1965 and was given expanded functions in 1976. The committee has determined that employer–sponsored child care will proliferate during the next 5 to 10 years. However, attention must shift to issues related to the purpose and quality of such care. Employer–sponsored care differs from employer–related or worksite care in that these do not necessarily include an employer's commitment of resources. A few employer–sponsored programs are operating in California. For example, at least three hospitals have child care programs for employees. To promote the expansion of this care, the State should increase the flexibility in the administration of cooperative programs, establish programs in State buildings not covered by the 1980 legislation mandating child care space in large new State buildings, and provide low interest loans to promote the implementation of this 1980 legislation. Other recommendations relate to tax incentives, licensing procedures, technical assistance, and other areas. Appendices present data tables, a list of over 100 references, and related information. See also related document, SHR-0009505.

470. Campbell, Elizabeth; and Becker, Carol Moody.
United States Conference of Mayors, Washington, DC. Community Education Program.
Community Education and Health Services.
Nov 81, 28p
SHR-0009052 Available from Community Education Program, Room 5622 ROB-3, 7th and D Streets SW, Washington, DC 20202.

The report demonstrates how the community education process can be used to address community health care problems. Community education is bringing people of all ages in a community together to identify their needs and develop programs to meet those needs through the use of locally available resources and coordinated services. Community education results in budgetary savings, political support for public programs, neighborhood stabilization, and public support for schools. The community education process helps community members assess community needs at neighborhood and citywide levels, organize programs, monitor and evaluate services, and advocate for community–determined priorities. Community education can be a major vehicle for cities attempting to provide convenient, comprehensive health services in an efficient, cost–effective manner. It can provide health screenings, immunizations, health education, prenatal and infant care, dental care, and health care for the elderly. Examples of community education programs that provide needed health care in Elizabeth, N.J.; Washington, D.C.; and Boston, Mass., are cited. Community education programs in other cities are outlined and implementation strategies mentioned. Resources and footnotes are included.

471. Campbell, Elizabeth; and Becker, Carol Moody.
United States Conference of Mayors, Washington, DC. Community Education Program.
Community Education and Housing Needs.
1981, 28p
SHR-0009050 Available from Community Education Program, Room 5622 ROB-3, 7th and D Streets SW, Washington, DC 20202.

The report demonstrates how the community education process can be used to address housing needs. Community education involves people of all ages in a community coming together to identify their needs and develop programs to meet those needs through the use of locally available resources and coordination of services. The community education process helps community members to (1) assess community needs at neighborhood and citywide levels, (2) organize programs, (3) monitor and evaluate services, and (4) advocate for community–determined priorities. Community education has the following advantages: budgetary savings, political support, and neighborhood stabilization. The community education process can be used to convert schools into housing, for neighborhood preservation and home repair, for joint planning, for weatherization, and for home security. The community education approach in Newton and Boston, Mass., to improve housing is outlined, and programs in repair, weatherization, and home security in other cities are described. Implementation strategies, resources, and footnotes are provided.

472. Campbell, Elizabeth; Blain, Mary Jo; and Becker, Carol Moody.
United States Conference of Mayors, Washington, DC. Community Education Program.
Community Education and Multiculturalism: Immigrant/Refugee Needs and Cultural Awareness.

472.

1981, 32p
SHR-0009051 Available from Community Education Program, Room 5622 ROB-3, 7th and D Streets SW, Washington, DC 20202.

The report demonstrates how the community education process can be used to address social concerns, focusing on its effectiveness in responding to the needs of immigrants and refugees. Community education involves people of all ages in a community coming together to identify their needs and develop programs to meet those needs through the use of locally available resources and coordination of services. The community education process helps community members to assess community needs at neighborhood and citywide levels, organize programs, monitor and evaluate services, and advocate for community–determined priorities. Community education can be an effective vehicle for mayors to use in planning strategies and operating programs to respond to local refugee resettlement problems. Essential elements of any community education program for refugees are flexibility to address diverse needs, language training, employment, acculturation, and health and housing services. Community education programs in St. Paul, Minn., to help the Hmong people are outlined, and specific city approaches to help refugees / immigrants are described. Implementation strategies for initiating the community education process, resources, and footnotes are included.

473. Caring Community, Inc., New York.
Caring Community, Inc.: A Model in Community Integration Services for the Elderly.
31 Aug 81, 156p
SHR-0009502 Available NTIS PC $15.00/MF $4.00

Efforts of a coalition of 20 organizations were aimed at improving the quality of life for elderly persons in the Greenwich Village section of New York City. Selected activities were supported by a grant from the Administration on Aging. The Caring Community, Inc., was initiated in 1973. It is a nonprofit membership corporation composed of religious organizations, social service agencies, and the local hospital in the Greenwich Village community. The organization tries to help elderly persons to maintain their independence, self–sufficiency, and presence in the community for as long as they wish and as long as possible. The Caring Community provides hot lunches at three sites, meals–on–wheels, recreational and educational programs, information and referral, telephone reassurance, counseling, and other services. Since 1976, the organization has worked with the communities to transform the area's only nursing home into a community–based facility oriented to the residents' needs. The grant was sought to educate community and staff, extend services to include cluster living units and new recreational opportunities, strengthen the administrative structure, and develop a document about community–based care for the elderly to show other communities how effective such an approach could be. An analysis of the achievements of the Caring Community before and during the grant period revealed that the program's success was largely due to its location in an active area with a functioning sense of being a well–defined and politically astute community. Both the Caring Community and the Village Nursing Home bonded together existing institutions to meet specific needs more effectively. The programs also demonstrated the importance of community education, the media, and the political community to the projects' success. Additional findings and conclusions, a bibliography listing 47 references, and appendices presenting a map and program materials are provided.

474. Chapin, John D.; and Getts, Carol V.
Institute for Health Planning, Madison, WI.
Computer Applications in Health Planning.

Jul 82, 44p
SHR-0009606 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

Computers can be used effectively in health systems agencies to facilitate health planning. This report focuses on the experience of the Central Texas Health Systems Agency (HSA), which is responsible for health planning in a 30–county area with a 1.2–million population, in acquiring and using computer equipment in health planning, project review, and technical assistance functions. The Texas HSA progressed from using typewriter and desktop calculators to using microcomputers with word processing, stand–alone word processors, and then linking four terminals to a host mainframe simultaneously on one telephone line. The system's functions and capabilities are outlined, and lessons learned from the HSA's experience are discussed in the areas of health planning environment and systems capabilities, outcomes, and implementation. Figures and about 40 references are supplied.

475. Chiarrello, Gail.
Berkeley Planning Associates, CA.
Cost Analysis: National Evaluation of the Runaway Youth Program.
15 May 79, 89p
SHR-0009474 Available from Berkeley Planning Associates, 3200 Adeline Street, Berkeley, CA 94703.

This document describes the costs associated with programs funded by the 1974 Runaway Youth Act that provide temporary shelter, counseling, and aftercare services to runaway youths. Data were collected from 17 projects throughout the United States during August 1978. The analysis first identified all activities undertaken by a project, its financial resources, and donated resources, and then asked staff members to record the amount of time spent on each activity. Also assessed were administrative costs and the value of time donated by staff and volunteers. The study's findings revealed that projects varied widely in their indirect / direct cost ratios, costs of providing similar services, types of clients, and range of services offered. On average, projects allotted roughly 60 percent of their total labor payroll resources and staff time to providing direct services to clients and the remainder to activities such as project management, case management, and community education. Shelter management and coverage consumed the highest percentage of staff time at 25 percent, followed by emergency counseling, information and referral, individual counseling, and other group activities. Shelter management and coverage were by far the most costly services. Emergency counseling and information and referral services tripled in dollar value when unpaid staff time and volunteer hours were considered. Separate chapters examine distribution of staff hours and total dollars expended on various project activities in detail. The final chapter discusses the following uses for cost findings: determining the allocation of project resources, enhancing project economy and efficiency, and projecting costs of alternative treatment models. Notes and tables are provided. Survey instruments are appended. Revision of report dated January 26, 1979. Supplementary Report no. 4.

476. Chmura, Tom.
Stanford Research Inst., Menlo Park, CA. Public Policy Center.
Developing Public/Private Approaches to Community Problem Solving.
1982, 17p
SHR-0009631 Available from International City Management Association, 1120 G Street NW, Washington, DC 20005.

Public / private partnerships can be used to bring more of a community's resources to bear on solving problems. Private resources, including philanthropy, investments, operational decisions, manpower and facilities, and prestige can be used in areas such as economic and community development, housing, education,

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human development, and basic public services. Since each community is unique, the local context must be examined before embarking on any major new initiatives, and government and business both need to make an effort to understand the other's purpose and viewpoint. Developing new kinds of partnerships between local government and the business community will require negotiations between the two parties. Negotiations will clarify the problem to be addressed, spell out the resources that each party will bring to bear on the problem, and identify the structure needed for the partnership arrangement. The catalyst for partnerships is based on identifying an area of mutual interest and then focusing on "do-able" activities in solving problems in that area. Implementing partnerships calls for a clearly defined program, with each party's roles and commitments spelled out beforehand. A project needs to be operated in a professional manner and to be given an "organizational home" within the local government. A list of resource individuals and organizations and 13 references are included. "Management Information Service Report," v14 n7 Jul 82 (complete issue). Taken from "Developing Public/Private Approaches to Community Problem Solving: A Guide for Local Officials." Author abstract modified.

477. Colorado Dept. of Institutions, Boulder. Data Management Section.
Instruction Manual for Client Oriented Record Entry: CORE I for Community Agencies.
Feb 80, 217p
SHR-0009324 Available from Division for Developmental Disabilities, Data Management Section, 3824 West Princeton Circle, Denver, CO 80236.

This instruction manual for users of Client Oriented Record Entry (CORE), a computerized data collection system for Colorado's developmental disabilities agencies, covers the system's design, coordinator's role, methods of entering data, and reports generated. CORE collects demographic, disability, service, and referral information on all developmentally disabled clients funded through the Division for Developmental Disabilities, as well as individuals awaiting service. An overview of CORE covers agencies involved in the system, editing mechanisms, reports, and data review. The manual then outlines the functions of the CORE coordinator within each agency and the qualifications for this position. Data can be entered into CORE in two ways: on a CORE form when the client enters the service system and on a change form when a client's record is updated. These forms are described in detail, and instructions for completing them are provided. CORE produces reports on individual clients and on overall client data. Some are generated automatically when data are entered, while others are available on request. The section on reports discusses each type and its format, as well as requesting methods and uses. Examples of items generated by CORE are client summaries, mailing labels, name lists, and cross tabulations. A pilot program to develop local capabilities for handling CORE through microcomputers is summarized, as are future plans for CORE. The appendices contain supplemental materials for the system, such as codes, edit instructions, and abbreviations. Sample data entry and report forms are included.

478. Comptroller General of the United States, Washington, DC. Human Resources Div.
Plan for Improving the Disability Determination Process by Bringing It Under Complete Federal Management Should Be Developed.
31 Aug 78, 38p
SHR-0009542 Available from General Accounting Office, Document Handling and Information Services Facility, PO Box 6015, Gaithersburg, MD 20877.

The General Accounting Office (GAO) reviewed the present Federal / State arrangements for disability determination and the efficiency of Social Security Administration (SSA) actions to correct weaknesses in its quality assurance program. GAO found that the Federal disability insurance program and the Supplemental Security Income program paid about $14 billion to about 6.7 million beneficiaries in 1977. Under the present Federal / State arrangement, the Social Security Administration cannot exercise direct managerial control of the activities of the State agencies making disability decisions. GAO contends that this, along with other uncorrected weaknesses in the disability determination process, provides no assurance that a reasonable degree of uniformity and efficiency will be achieved in disability payments. The Secretary of Health, Education, and Welfare should develop, for consideration by the Congress, a plan for strengthening the disability determination process by bringing it under complete Federal management so that the Social Security Administration can acquire the control needed to properly manage the programs. The Social Security Administration should continue work on assuring that clear, concise criteria and guidelines are provided for use in making disability determinations, on providing uniform training for those making disability determinations, and on assuring that the quality assurance system is properly implemented and that there is adequate participation by physicians in the disability determination process. Author abstract modified.

479. Connell, David A.; Saboe, Lois R.; and Silverman, Marlene.
Institute for Information Studies, Falls Church, VA.
Contingency Planning Process of Columbus/Franklin County, Ohio.
1981, 23p
SHR-0009260 Available from Institute for Information Studies, 200 Little Falls Street, Suite 104, Falls Church, VA 22046.

Prepared for human service decisionmakers faced with increasing fiscal constraints, this monograph describes an interagency planning process for allocating resources in the urban area of Columbus and Franklin County, Ohio. The Metropolitan Human Services Commission (MHSC), a nonprofit planning and coordinating organization, has mobilized a contingency planning effort that brings together nine human service funding systems. Following a description of the community and the MHSC's organizational history, steps in the contingency planning process are outlined. Relationships among participants, necessary resources such as a data base and competent planning staff, benefits of participation, and problems are addressed. Objectives of contingency planning include analyzing the impact of Federal and State funding actions, prioritizing service needs, formulating alternative funding strategies, and developing an advocacy role at the State level. The technical processes instituted to accomplish these objectives are detailed, and areas where technical assistance could improve the planning efforts are identified. The program has received strong community support and each funding system has assigned a senior-level person to work on the project full-time for a minimum period. Progress reports published by the MHSC are appended.

480. DeChant, Thomas A.
Inst. for Health Planning, Madison, WI.
New Era for State Health Planning.
Jun 82, 26p
SHR-0009522 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

States should explore ways of restructuring State health planning processes to produce a coordinated program of future health planning and regulatory activities and to maintain local input in face of the potential demise of health systems agencies (HSA's). The process should begin with an analysis of environmental factors to formulate a mission for the State's planning and regulatory program, such as political and bureaucratic support, existing health policies, staff resources, and funding. A State health plan might take four directions: cost containment / regulatory, resource allocation, resource mobilization, and public education. Guidelines for State planning efforts address key decision items, beginning with the design of the new planning schedule. They also describe geographic units of analysis to be used, plan structure, and the public input process. If HSA's cease to exist, States might employ some of 12 possible health planning input methods. Examples are State assistance for unstaffed HSA boards, a regional consortia of agencies, contracting with local agencies to develop plans, State–appointed technical advisory committees, and public hearings. These approaches are not mutually exclusive, but should be combined into a broad public input process. States should pursue these assessment and restructuring activities now instead of waiting for Federal health planning and legislative issues to be resolved. Footnotes are included.

481. DeJong, Fred J.
National Association of State Units on Aging, Washington, DC.
Information Systems Applications in Programs on Aging: Case Studies of Good Practice. Manual IV.
Feb 82, 97p
SHR-0009301 Available from National Association of State Units on Aging, 600 Maryland Avenue SW, Suite 208, Washington, DC 20024.

This manual describes seven major information system problems / issues and then presents several case studies of successfully operating information systems in programs on aging. System design and development considerations discussed include responding to agency internal information needs versus compliance reporting, use of standard terms and procedures, systems involving summary versus detailed data, and developmental and operating costs. Systems operating issues discussed involve unduplicated client count computation, service unit costing, and multiple funding source recordkeeping requirements. The four case studies are from the New Jersey Division on Aging (computer program and fiscal summary system tracking), the Oklahoma Special Unit on Aging (management information system), Pennsylvania's Mon Valley Health and Welfare Council (aging information system), and California's On Lok Senior Health Services (information system). In each case, the agency characteristics, system design and developments, information system components, system characteristics and operations, and future system modifications and user evaluation are detailed. Sample forms and reports for each case study are provided. Each of the case studies was conducted during August to September 1981, and the fiscal and cost data presented are for each agency's current fiscal year. Tables and footnotes are provided. The responses of State Units and Area Agencies on Aging to a survey on the use of computer information systems are summarized in an attached report.

482. DeJong, Fred J.
National Association of State Units on Aging, Washington, DC.
Information Systems Specialist's Guide to Older Americans Programs. Manual I.
Feb 82, 66p
SHR-0009300 Available from National Association of State Units on Aging, 600 Maryland Avenue SW, Suite 208, Washington, DC 20024.

This manual describes the network on aging—the Administration on Aging, Area Agencies on Aging, service providers and other Older Americans Act subcontractors—in terms of the information generated and used by these organizations. The information should provide information systems specialists with a beginning understanding of how network agencies operate. The Older Americans Act is detailed. The purposes, organization and structure, and major responsibilities (planning and systems development, grants management, linkages) of the State Units on Aging and the Area Agencies on Aging are delineated. Network information needs, information flow, and forms and reports are discussed, and their use of multiple funding sources is described. Steps in the systems development process are outlined. Expenditure information, client data, service area demography, and other material are appended. Nine references and footnotes are included.

483. Denver Commission on Community Relations, CO.
Senior Consumer Resources: A Demonstration Project.
15 Dec 80, 122p
SHR-0009489 Available NTIS PC $12.00/MF $4.00

This report assesses innovative methodologies to identify and monitor consumer needs of low-income elderly in Denver, Colo., and discusses specific problem areas that might be amenable to correction through administrative change or legislation. An introduction describes the background of the Senior Consumer Resources (SCR) project and provides data on Denver's elderly population. In the area of consumer counseling, the project experimented with group counseling as well as one-to-one counseling in various locations, such as a food stamp site, health fair, and senior center. Group counseling using an expert volunteer counselor had a greater than 93-percent satisfaction rate, but the most successful model tested was a play addressing consumer issues followed by a discussion. The project tried to assess unmet needs of the elderly by having senior service-providing agencies distribute and collect needs assessment forms for analysis by the SCR. Other approaches to assessment involved surveying a panel of 147 persons every 2 months over an 8-month period and a forum where elderly consumers together with elected officials and providers could speak out on problems of the elderly. A unique telephone number for reporting elderly consumer needs was advertised on the public bus system, but response was poor. Methods to eliminate consumer barriers affecting the elderly were also explored through an evaluation of an elderly housing hotline, a survey of participants at the governor's conference on aging, and a survey of 1,500 key informants from all agencies that come in contact with the elderly. The report describes and evaluates each methodology tested and offers statistical data on participants when available. Tables and graphs are supplied. Over 50 references and survey questionnaires are appended.

484. Department of Health and Human Services, Washington, DC. Office of Inspector General.
Board and Care Homes: A Study of Federal and State Actions to Safeguard the Health and Safety of Board and Care Home Residents.
Apr 82, 93p
SHR-0009579 Available NTIS PC $10.50/MF $4.00

This study addresses the development and implementation of standards for board and care homes used by many elderly and handicapped individuals. In 1976, Congress responded to a series of fires in board and care facilities by enacting the Keys Amendment, which required States to implement standards in residences where a significant number of Supplemental Security Income (SSI) recipients lived. This report gives an overview of this law, with attention to the definitional and jurisdictional problems caused by the legislative language. Effects of the Social Service Block Grant and the 1981 Rinaldo Amendment to the Older Americans Act are also discussed. The Department of Health and Human Services (DHHS) attempts to comply with the intent of the Keys Amendment are described, including technical assistance activities and grants focusing on the board and care home problem. The next section presents the results of a survey of 11 States and the District of Columbia regarding licensing, inspection,

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and enforcement efforts and referral practices of public institutions. Innovative and successful approaches used by four States are highlighted. The study found that inappropriateness of the Keys Amendment's penalty provision and its lack of use were major problems, along with widespread confusion over the distinction between boarding homes and board and care homes. Additional problems included poor coordination between DHHS components that fund board and care research as well as tardiness and lack of rigor in their products. Recommendations involve expanding assistance to States, accelerating work on a fire safety code for board and care homes, increasing protection for residents under SSI and Medicaid programs, and enabling DHHS to sanction States that fail to oversee facilities adequately.

485. Diamond, Franna; and Simons, Janet.
Children's Defense Fund, Washington, DC.
Child Care Handbook: Needs, Programs, and Possibilities.
1982, 135p
SHR-0009530 Available from Children's Defense Fund, 1520 New Hampshire Avenue NW, Washington, DC 20036.

This book documents the pressing social and economic forces and everyday personal crises that contribute to a growing number of families' need for child care services, describes 12 successfully operating local child care programs, and advises on advocacy approaches for the protection and expansion of existing local and national child care programs. Recent Federal cutbacks are predicted to cause fewer child care slots for poor and working parents, lower quality care for children, more families returning to welfare rolls, more "latchkey" children, more unsupervised children involved in accidents and fires, and more children placed unnecessarily in costly out-of-home-care. Nevertheless, many communities throughout the country have developed high-quality, comprehensive, and diverse child care programs with principles that can serve as the foundation for a national child care and family support system that must be created. The programs profiled are the After School Day Care Association in Madison, Wis.; Child Care Resource and Referral in Rochester, Minn.; the Corporate Child Care Development Fund for Texas in Austin; the Family Day Care Network in San Francisco, Calif.; The Federation of Child Care Centers of Alabama; The Government Center Child Care Corporation in Boston, Mass.; Sick Child Care Program in Berkeley, Calif.; and others. Child care advocacy should strive to preserve existing community-based, parent-controlled programs; document the devastating effects of Federal and State budget cuts; pursue changes in existing public policy; gather data on the need for services; and heighten citizen awareness of this need through public education efforts. Tables, photographs, and footnotes are given. Appendices list persons interviewed, the profiled programs, Federal programs, and other resources.

486. Eber, Andy; and Will, Don.
Institute for Local Self Government, Berkeley, CA.
Challenge of Block Grants: States Implement CSBG. A Status Report and Analysis of the Issues States Face in Implementing the Community Services Block Grant.
Feb 82, 103p
SHR-0009396 Available from Institute for Local Self Government, Hotel Claremont Building, Claremont, CA 94705.

This report focuses on the way block grants will affect the human services decisionmaking process in each State. The report describes how the States are responding to the new block grant environment for human services and how policy will be made and human services delivered in the States for the next few years. Detailed information and analysis are provided to those specifically interested in the implementation of the Community Services Block Grant

(CSBG). The report describes and compares two basic approaches to State block grant implementation: the categorical approach and the local determination approach. The categorical approach represents a continuation of the old Federal approach to many programs and services. Policies would be set, regulations designed, services planned and funded, all at the State level. Local agencies would then deliver State-supervised services. In the local determination approach, the State government would set broad policy direction and provide funding. Local agencies would develop priorities for service, design programs, deliver services, and mobilize additional resources. Whether States choose the categorical or the local determination approach is the single most important question about block grants today. The report describes the results of a nationwide survey and analysis of 39 States' experiences in implementing the CSBG. Survey results indicate that the various limitations of time, the legislative requirements in the CSBG for this year, and other factors have kept most States from making any changes in their human service system through the CSBG implementation. Positive aspects of the categorical approach to CSBG are that it focused national attention on long-ignored social problems and directed a portion of the country's resources to critical needs. The local determination approach to human services has always relied upon local assessment of need, local determination of priorities, and local development of program strategies. The report describes the five major issues around which a new State human service system can be built. Charts and case studies of States implementing the CSBG are supplied. Social Policy Series, no. 4. See also related documents, nos. 1-3, SHR-0009393—SHR-0009395. Author abstract modified.

487. Eckerle, Ronald; Fagnani, Carol; Foley, Michele J.; and Kautz, Eleanor S.
Catholic Social Services of the Miami Valley, Dayton, OH.
Community Living Project: Implementation of Contract Model of Community Care for Impaired Adults.
May 81, 99p
SHR-0009499 Available NTIS PC $10.50/MF $4.00

The report describes and evaluates a program of community care placements for impaired elderly in Ohio who could not live independently but did not require nursing care. A needs assessment was made of physical, social, emotional, and personal care requirements of clients referred to the program. Caregivers were recruited, trained, and selected for their suitability in caring for the elderly. Clients were matched with caregivers through a series of home visits involving an active choice of client and caregiver. A written contract of care defined the responsibility of all parties and linked clients with the necessary support services. Contracts were renegotiated every 90 days or in accordance with changing needs. The Older American Resource Survey instrument was administered prior to placement and at 6-month intervals. This was used to measure client functioning and provided a rating on social and economic resources, mental and physical health, and daily living activities. Results of this 2-year program evaluation indicate that elderly who required caregiving and health services and who lacked financial and social resources benefited from community care placements. The model was effective in maintaining the elderly in such settings. In planning similar programs, consideration should be given to community acceptance, minimum standards of care and services, adequate staffing, and ongoing program financial support. Tables, graphs, and over 100 references are included. Sample forms and guidelines for program development are appended. Author abstract modified.

488. Edwards, George C.
Implementing Public Policy.

488.

1980, 181p
SHR-0009406 Available from Congressional Quarterly, Inc., 1414 22nd Street NW, Washington, DC 20037.

This book analyzes the effects of four critical factors—communication, resources, attitudes, and bureaucratic structure—on the implementation of public policy. A brief review of recent failures in policy implementation emphasizes that elected officials often give low priority to this area. Principles of good communication are described, beginning with appropriate transmission mechanisms so that people know a decision has been made and an order to implement it issued. Problems created by lack of clarity in the implementation instructions and contradictory decisions are also discussed. The section on resources covers staff and skills, information, authority, physical facilities, and equipment. The impact of implementors' attitudes toward a policy is examined, along with reasons why top officials are limited in their abilities to replace existing personnel with staff more responsive to their desires and the role of incentives. The pervasive influence of bureaucratic structure is explored with attention to the use of standard operating procedures and the dispersal of responsibility for policies among many organization units. The concluding chapter shows how these and other factors interact with each other to promote or inhibit the carrying out of public policies. Types of policies most likely to face problems are detailed, such as new policies or decentralized plans. The discussion on prospects for improvement focuses on followup by the executive, legislative, and judicial branches of government. Chapter footnotes, about 45 references, and an index are provided. Politics and Public Policy Series.

489. Farberow, Norman L.; and Gordon, Norma S.
Institute for the Studies of Destructive Behaviors, Los Angeles, CA.
Manual for Child Health Workers in Major Disasters.
1981, 106p
SHR-0009351 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-024-01115-1.

This manual is a guide to providing mental health services to children and their families during and after a major disaster and was developed from questionnaires completed by professionals who had worked with victims of tornados, floods, and plane disasters. After defining the emotional phases encountered in disaster victims and basic intervention approaches, the manual discusses attachment theory and its relevance to behavior displayed by children subjected to great stress. Steps in the helping process are outlined, beginning with establishing rapport with the family. Also covered are management of common feelings and behaviors, such as sleep disturbances and school avoidance, and problems with mourning, suicide, confusion, and antisocial behavior. The needs of handicapped and injured children are examined. The section on helping techniques explores the use of play, individual counseling, group sessions, and telephone crisis services and then illustrates these approaches in several case studies. The role of the mental health professional as consultant to child service workers, disaster agencies, and the community is detailed, with attention to burnout problems common to workers in disaster situations. An annotated bibliography and a list of public and private resource agencies are provided, along with a sample brochure and coloring book developed by a California child guidance clinic.

490. Federal Council on the Aging, Washington, DC.
Toward More Effective Implementation of the Older Americans Act. A Staff Report.
Apr 81, 124p
SHR-0009429 Available NTIS PC $12.00/MF $4.00

The report summarizes the primary findings of a congressionally mandated study of the Older Americans Act and the programs conducted under it, concentrating on the Administration on Aging's (AoA's) role in implementing the act and on public policy questions related to effective implementation of the act. The evaluation of AoA programs led to the perception that many such programs could not be evaluated without first resolving underlying policy issues concerned with their purposes and objectives and the intent of the law under which they are conducted. AoA has made significant achievements in policy advocacy at the Federal level. However, its role would be strengthened if it was seen as one of many agents and voices in a board policymaking process in which it has certain special tasks and priorities. Federal efforts to target the needy elderly have not proven effective apparently because the persons in greatest need vary from one community to another owing to local differences in income levels, availability of volunteer services and informal supports, and other factors. These factors argue for targeting conducted at the community level through area plans developed by AoA. Decisionmaking regarding the elderly should be left to the local community because only there can accurate definitions of social need be made. The report also covers knowledge development and use, senior community service employment, and low-income and minority participation in AoA programs. A chronology of key events in the study and about 100 references are appended. Footnotes, tables, and illustrations are provided.

491. Femia, C. A.; and Lupinacci, Michael.
Newington Dept. of Social Services, CT.
Newington Elderly and Handicapped Transportation Program: Community Opinion Survey.
May 82, 31p
SHR-0009614 Available from Newington Senior Citizen Center Study Committee, Department of Social Services, 131 Cedar Street, Newington, CT 06111.

A 1982 survey of senior citizens and registered voters in Newington, Conn., measured awareness and satisfaction levels with a transportation program for the elderly and handicapped. The questionnaire also sought opinions on user fees and implementation strategies. The response rate from the 2,000 registered voters was 9 percent, while that for the 2,000 senior citizens over 60 was 13 percent. Only 6 percent of the voters and 20 percent of the elderly had used the transportation service themselves. Most respondents were aware of the program and agreed that the service was needed. Over half favored user fees, although older respondents were slightly more approving. Both groups overwhelmingly supported subsidies to passengers unable to afford a fee. The preferred site for ticket sales was the vehicle, followed by the senior center and town office. While 60 percent of the voters felt that fees should offset up to 50 percent of the operating costs, only 49 percent of the senior citizens took this stance. User fees of 50 cents or less were acceptable if the truly indigent were subsidized on an individual basis. Only half the respondents answered the question on service quality, but virtually all held a favorable opinion. The few who took the opportunity to cite problems and solutions expressed a desire for improved service through increased punctuality, service expansion, increased convenience through additional reservation hours, and concern for user abuse. The survey questionnaire is provided, along with tabulated responses to individual questions. Comments from respondents are included.

492. Fisk, Donald.
International City Management Association, Washington, DC. Management Information Service.
Issues in Contracting for Public Services From the Private Sector.

1982, 12p
SHR-0009529 Available from International City Management Association, 1120 G Street NW, Washington, DC 20005.

This report examines the issues involved in contracting with private firms for the delivery of local government public services. The pros and cons of private contracting are covered, with an overview of the factors that affect contracting. Contracting is defined and forms of contracts discussed in terms of fixed price, unit price, cost-plus fee, and negotiated versus bid contracts. Criteria for contracting are listed as cost (efficiency issues); service levels, quality, and effectiveness; and responsiveness to citizens; impact on other services; and possible service interruptions. Among the factors affecting contracting are legal constraints, civil service and union issues, availability of providers, administrative control, and transitional factors. Still other considerations are competition, revenue generation, potential for fraud or corruption, capital investment requirements, and political and policy concerns. The report concludes with a list of questions that each local government should ask before it enters into contracting and as it considers contracting for new services. Tables, footnotes, illustrations, and a 24-item reading list are provided. "Management Information Service Report," v14, n5 (complete issue) May 1982.

493. French, John F.; and Kaufman, Nancy J.
Wisconsin Dept. of Health and Social Services, Madison. Bureau of Alcohol and Other Drug Abuse.
Handbook for Prevention Evaluation: Prevention Evaluation Guidelines.
1981, 258p
SHR-0009484 Available from National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, MD 20857.

This manual provides a consistent frame of reference for people conducting evaluations of drug abuse prevention programs. It specifies the principles, procedures, and techniques recommended for evaluations and is aimed at the experienced evaluator. The handbook provides the reader with a general orientation to prevention concepts and program strategies and delineates the model for prevention evaluation. Technical areas of special interest include chapters on indicators and measures of process, outcome, and impact evaluations and process methodology (with steps on needs assessment, identification of objectives, and input and process analysis). Also discussed are outcome studies in evaluation research, with attention to issues and problems of concern to evaluators designing an evaluation study (particularly issues of internal and external validity) and including descriptions of selected true- and quasi-experiments. Also discussed are methods for the study of impact, evaluation research design and data analysis, and utilization and transfer of evaluation results. Figures and tables are included. Each chapter has references, and most have footnotes. A section on instruments and data sources is appended. Part of a series of National Prevention Evaluation Resource Network publications.

494. Friendly, Martha; and Johnson, Laura C.
Toronto Univ. (Ontario). Child in the City Programme.
Perspectives on Work-Related Day Care.
Apr 81, 27p
SHR-0009390 Available from The Child in the City Programme, The Centre for Urban and Community Studies, University of Toronto, Toronto, Canada.

This paper provides background information and a preliminary discussion of issues to be addressed at a conference on day care in Toronto, Canada. The context, needs, and historical development of work-related day care in the United States and Canada are discussed and alternative models through which these kinds of services can be provided are outlined. Special emphasis is placed on the role of organized labor in expanding opportunities for the provision of day care at the workplace. The advantages for both employers and parents, and the central issues involved in organizing work–related day care are summarized. Among the models of work–related day care are onsite and offsite day care centers, the consortium model, and indirect support of work–related day care. The role labor unions might assume in relation to day care is seen as one of direct funding, of cooperation within a support group, or of negotiation with management for day care and other child–oriented employee benefits. Implementation of work–related day care is discussed in terms of management of a child–care center, the user population, work settings, and program funding. The conclusion states that the need for work–related day care has become evident to employers, along with a realization of its possible benefits (public relations, employee satisfaction) and a recognition of its place within the sphere of corporate responsibility. Efforts in this field could be better supported by research, but work–related day care is seen as part of a growing mosaic of options available to working parents in the next decade. Approximately 50 references are given. Child in the City Report no. 11. This paper was prepared for a Conference on Work-Related Day Care cosponsored by The Child in the City Programme and The Social Planning Council of Metropolitan Toronto, Toronto, May 5, 1981.

495. Gan, Milton.
Institute for Health Planning, Madison, WI.
Planning for the Chronically Ill and the Physically Handicapped.
Jul 82, 39p
SHR-0009605 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

Voluntary health agencies must employ effective planning strategies in times of tight resources and heightened demands for volunteers. Volunteers can contribute to State and local health planning activities by identifying communitywide health issues, by participating in policy formulation and in committee activity, by fundraising and lobbying, and through other activities. Health planning agencies should seek support in meeting the needs of the chronically ill and physically handicapped from local special interest groups. The health agency's governing body should adopt a mission statement after reviewing some initial basic issues, such as the usefulness of the medical v. social models, the best definition of chronic illness and physical handicaps to suit the agency's purpose, estimates of the number of persons directly affected, etc. The agency should set up a steering committee to direct its efforts, encourage community participation, collect data and analyze the information, and develop goals for action. About 40 references are cited.

496. Genser, Andrea; and Baden, Clifford.
ERIC Clearinghouse on Elementary and Early Childhood Education, Urbana, IL.
School-Age Child Care: Programs and Issues.
1980, 104p
SHR-0009414 Available from ERIC Clearinghouse on Elementary and Early Childhood Education, College of Education, University of Illinois, Urbana, IL 61801.

This collection of papers focuses on developing high quality programs that provide care for children after school. The introductory article explores needs of children between 5 and 11 years old, highlights their developmental characteristics with several examples, and discusses how these factors must be considered in afterschool programs. The next group of papers addresses major issues that arise in planning and operating such programs, such as parent involvement, fee structures, and a child development format. The experiences of a parent–

run program in Brookline, Mass., are detailed, as are models for inservice staff training. A discussion of parent-staff teamwork identifies barriers to interactions between parents and staff and suggests ways to enhance these relationships. Also treated are financial difficulties frequently encountered by day care programs and the evaluation process. Different types of existing afterschool programs are described, beginning with a center in New York City that serves low-income immigrant families. Contrasts are provided by papers on a program in Maine that integrates young children with special needs, a parent-controlled, public school-based program for older children in Massachusetts, and an innovative afterschool program designed by children and located in an industrial park. A panel discussion on family day care is reviewed. A final paper concentrates on issues of quality and the lack of training for child care staff. The conference program and about 35 references are appended. Papers from a June 15-16, 1979 conference held at Wheelock College, Boston, Massachusetts.

497. Georgia Governor's Office of Consumer Affairs, Atlanta.
Capacity Building: Partnership Grant.
Mar 77, 154p
SHR-0006545 Available NTIS PC $15.00/MF $4.00

This report describes and evaluates the Georgia Capacity Building Project, an effort to provide more accurate information on client needs to decisionmakers in the Department of Human Resources (DHR) by using the computerized Georgia Statewide Information and Referral System (TIE-LINE). The report outlines activities accomplished by the project for each of its 3 years, beginning in July 1974 and ending in March 1977. The budget, evaluation design, and problems encountered are also discussed. By February 1976, project staff had reviewed the structure and decisionmaking processes within the DHR and established information needs and format for data presentation. Revisions were then made to the TIE-LINE data collection process, and computer programming for reporting client needs was completed. The project sent reports produced by this system to the benefits payments, community services, mental health, physical health, and vocational rehabilitation divisions, along with a questionnaire to determine data usage and impact. Managers indicated that the data were of interest, but did not affect the department's decisionmaking processes or cost effectiveness because they were not of sufficient quantity nor did they cover an adequate time period. The project's ineffectiveness can be attributed to high staff turnover, computer-related delays, design weaknesses, unrealistic expectations, and political and fiscal constraints within the department. The project, however, did establish that data for management could be produced by an information and referral unit. The appendices contain questionnaire, codes, data forms, organization charts, maps, and other project materials. Author abstract modified.

498. Gibelman, Margaret.
National Conference on Social Welfare, Washington, DC.
Networks of Families and Friends: An Informal Support System.
Sep 81, 15p
SHR-0009550 Available from National Conference on Social Welfare, 1730 M Street NW, Suite 911, Washington, DC 20036.

This paper focuses on the role of the informal support network in meeting long-term care needs. Problems associated with the reliance on this mechanism of care are discussed, and implications drawn for future long-term care service strategies. The paper assesses the current extent of the need for informal supports in terms of the number of disabled adults in the population and the degree of their disability. Among the demographic and socioeconomic factors affecting the ability of families and friends to provide informal care are changes in the elderly's marital status, their living arrangements, childlessness of elderly women, and contact of elderly people with their children. The pressure for public involvement in long-term care as an alternative or a supplement to informal supports is likely to intensify because of demographic changes, such as the divorce rate, the decline in the birth rate, the growth of single-parent families, and the increasing participation of women in the work force, in addition to the increase of the elderly population as a whole. The availability of informal long-term care support will also be influenced by the male mortality rate. As the population ages, four generation families will become common, with the very old having children who themselves may be retired or chronically impaired. Moreover, children will increasingly live too far away from elderly parents to be an active source of support. Nevertheless, the family has been and continues to be an important resource that must be encouraged by government policies in the provision of informal supports. Charts and 10 references are given.

499. Gibelman, Margaret.
National Conference on Social Welfare, Washington, DC.
Networks of Families and Friends: An Informal Support System.
Sep 81, 15p
SHR-0009630 Available from National Conference on Social Welfare, 1730 M Street NW, Suite 911, Washington, DC 20036.

The need for informal support networks to meet long-term care needs will grow as the population ages; such networks will require governmental assistance to meet the challenge. Demographic changes such as the increasing divorce rate, the decline in the birth rate, the growth of single-parent families, and the increasing participation of women in the work force all mitigate against the family providing personal care to its members. Also, the elderly population is growing faster than the population as a whole. Changes in family structure will affect the availability of informal long-term care supports. The presence of a spouse will decrease as a consequence of the different mortality rates between older men and women. The projected increase in the elderly population will be principally among the widowed and single. The availability of children to support their dependent parents will also diminish. As the population ages, four generation families will become increasingly common. Within such families, the very old may have children who themselves are retired or chronically impaired and thus limited in their ability to assist the parent. Moreover, there is a trend toward greater mobility among family members. An elderly person may have children who live too far away to be an active source of support. Nevertheless, the family has been and continues to be an important resource. Policies need to be formulated at the Federal, State, and local levels to provide incentives to and assist families in the provision of informal supports. Graphs and nine references are supplied. Long Term Care: In Search of Solutions.

500. Gilmartin, Kevin J.; and Rossi, Robert J.
American Institutes for Research in the Behavioral Sciences, Palo Alto, CA.
Demonstration and Analysis of Interagency Coordination: Findings From the 1979-1982 Cooperative Planning Demonstration Program in California.
May 82, 159p
SHR-0009473 Available NTIS PC $15.00/MF $4.00

This report describes and evaluates a 3-year cooperative planning demonstration project among employment and training agencies in three California counties. In 1977, the Employment Development Department (EDD) and the California CETA Council developed a policy statement calling for coordinated planning processes among prime sponsors, local EDD offices, education agencies, and rehabilitation offices. Wide differences among local jurisdictions impeded efforts to implement the policy, and a multiagency advisory committee decided to fund demonstration projects testing effective methods of cooperative planning. This report presents detailed accounts from project directors in three demonstration sites—Imperial, San Diego, and Marin Counties—that cover their activities and accomplishments. An evaluation concluded that the organization of local cooperative planning councils resulted in new relationships among agency representatives involved. It also found that participants' personalities, perceived control of the project, a multiagency perspective on community needs, clearcut objectives, and tangible products were important factors affecting a project's success. Private sector involvement was very limited, and State-level policies and procedures sometimes hampered coordination initiatives. Information gathering and sharing capabilities were not well developed in the counties. Finally, the report explores four possible futures for State and local agencies that may result from current Federal proposals on employment and training programs. An appendix contains an annotated list of products developed by the demonstration program.

501. Gollub, James O.; Waldhorn, Steven A.; and Hentzell, Shirley.
SRI International, Menlo Park, CA. Center for Urban and Regional Policy.
Rediscovering Governance. Nonservice Approaches to Problems of the Aged: A White House Mini-Conference. Findings and Recommendations.
6 Feb 81, 19p
SHR-0009477 Available from SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025.

This monograph summarizes the proceedings of a 70-member mini-conference representing State and local government, State and local units on aging, community-based advocacy organizations, the private and the nonprofit sectors, and the mutual support sector. The participants stated their views on how nonservice approaches to problems of the aged could be used and specifically what steps need to be taken to increase such use. The basic question concerned the extent to which increasing the capacity of both governmental and nongovernmental sectors to develop nonservice approaches should be a fundamental element of the 1981 White House Conference. Nonservice approaches are based on the use of traditional governance powers by local government in new ways. Governance powers, such as regulation and deregulation, tax policy change, administrative reform, promotion of self-help, and public advocacy can be used to influence the behavior of markets, institutions, and individuals. Use of nonservice approaches can provide the low-income elderly with alternatives to markets they can no longer participate in effectively, such as housing or transportation. They can also spur institutions to become more responsive to the needs of older adults in such areas as employment opportunity and continued independent living. The purposeful use of nonservice approaches at the local level increases the range of tools in addition to traditional service delivery programs with which to address the problems and needs of the aged. Conference panel members are listed. Prepaid orders only.

502. Goodell, Rita Nitzberg.
National Council of Senior Citizens, Washington, DC. Criminal Justice and the Elderly Program.
Effective Responses to the Crime Problem of Older Americans: An Instructor's Guide.
Jan 82, 185p
SHR-0009419 Available from Criminal Justice and the Elderly, 925 15th Street NW, Washington, DC 20005.

This guide provides training suggestions and 20 lesson plans for professional educators conducting a 30-hour couse on responding to the crime problem of the elderly. The course is designed for professionals serving the elderly and gerontology students. At the end of this course, participants should be familiar with fear of crime among the elderly, the consequences of victimization, and patterns of crimes committed against the elderly. Other topics covered include preventive strategies to reduce vulnerability to crime, victim counseling, and resources offering crime prevention and victim assistance services. The lesson plans suggest several teaching techniques but emphasize involving students in participatory exercises. A discussion of training methods defines the different techniques, such as role playing or large group exercise, and gives practical suggestions for conducting an adult class along with additional tips for working with elderly participants. A review of training materials recommends that all visual materials be screened for suitability for persons with visual or auditory handicaps and describes several types of audiovisual aids. Each lesson plan contains references to corresponding information in the class text, details objectives for instructors and students, suggests teaching methods, and lists needed training aids. Handouts, a lesson outline, and instructions for teaching the lesson are provided. The final examination concludes the guide. See also the Handbook, SHR-0009418.

503. Gordon, James S.; and Beyer, Margaret.
National Youth Work Alliance, Washington, DC.
Reaching Troubled Youth: Runaways and Community Mental Health.
1981, 204p
SHR-0009532 Available from NIMH-Public Inquiries Section, 5600 Fishers Lane, Rockville, MD 20857.

Runaway center workers and administrators characterize runaways, describe their centers, and introduce their short-term and long-term service approaches. An introductory essay presents an historical perspective on running away and runaway centers and offers a conceptualization of running away as an opportunity and lever of change, rather than a demonstration of psychopathology. Center descriptions indicate the ways in which programs respond to juveniles' needs and affect the community and its institution. Their focus on family counseling and supportive community networks shows a growing understanding that running away is often a product of long-standing family dysfunction and community disorganization. Several service strategies are described: the family mediation approach—Bridge in Atlanta, Ga.; services directed toward urban minority youth—Detroit Transit Alternative, Mich.; the community network approach—Washington County Youth Services Bureau, Vt., and the San Diego Youth Services, Calif.; and peer counseling—St. Louis' Youth Emergency Service, Mo., and the Bruce House in Washington, D.C. An overview of aftercare services, a description of employment as a long-term service for runaways, and a discussion of advocacy for ensuring continuing care are presented. Essays also address preventive approaches and the programmatic and policy aspects of the relationship between runaway programs and mental health facilities, as well as the adverse effects of licensing and accreditation systems on runaway programs. References accompany many essays. Papers presented at a symposium.

504. Grajower, Rebecca.
National Assembly of National Voluntary Health and Social Welfare Organizations, Inc., New York.
Preliminary Essay on the Effects of the Taxpayers' Revolt on Public Financing of Human Services.
19 Jun 79, 38p
SHR-0009413 Available from The National Assembly, 291 Broadway, New York, NY 10007.

This paper examines efforts by voters and State legislatures to limit taxes and public expenditures and then discusses the impact of California's Proposition 13. Fiscal measures enacted during the recent wave of tax protests are

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categorized as: property tax rollbacks or limits voted as amendments to State constitutions, spending ceilings imposed by constitution or statute, and tax cuts voted by State legislatures to distribute budget surpluses. Tables summarize these actions in individual States. A discussion regarding the causes of the 1978 movement to restrict taxes through ballot initiatives and referendums notes that one study found no correlation between relatively high, State–local tax burdens and the passage of tax limitation initiatives. Also reviewed are the Federal–State system of shared fiscal responsibilities and economic growth in the State–local sector. Recent attempts to balance the Federal budget and reduce funding for social programs are detailed, with attention to the financial problems that these actions will impose on States. The Jarvis–Gunn amendment in California is the only rollback of real property taxes to be implemented, although a similar Idaho measure will become effective in January 1980. California, however, may be a unique example because of its prosperity and inflated housing prices. The California law will result in power being centralized in the State government, but its consequences for public services are not yet known. The effects of spending limits passed in other States are described, as are responses to the taxpayer revolt from public employee organizations and social service agencies. For example, a successful public relations campaign by a coalition of social service agencies overcame a Proposition 13 mentality among voters in an Ohio county. Tables and 11 references are included. Public Policy Paper no. 3.

505. Grams, Armin.
National Council on the Aging, Inc., Washington, DC. National Center on Rural Aging.
Legislation and Regulations That Discriminate Against Rural Elders.
1982, 28p
SHR-0009571 Available from The National Council on the Aging, Inc., 600 Maryland Avenue SW, West Wing 100, Washington, DC 20024.

This paper describes legislative and regulatory barriers that deprive rural elders of their fair share of goods and services. Studies showing that elderly persons in rural areas receive an inequitable share of human service programs compared to their urban counterparts are reviewed. Features of the small town and rural setting that present obstacles to service delivery are discussed in terms of administrative, logistical, and compliance barriers. For example, public transportation is practically nonexistent because of terrain, distance and compliance requirements on accessibility. The paper then examines Federal laws and regulations that discriminate against rural elders in the areas of income supplements, assistance for rural public transportation, housing subsidies, health and mental health care, and nutrition services. Federal laws that include statutory components addressing the unique characteristics of rural areas or set aside a percentage of funds for rural use are cited as positive efforts to assist rural residents. Lack of information about obtaining public benefits and a cultural aversion to welfare programs also inhibit service delivery. A summary identifies the following factors as major contributors to the inequities experienced by rural elders: ambiguities in definitions of rural, inappropriate funding formulas for grant programs, restrictive cost–sharing alternatives, inappropriate indices for determining program benefits, failures of programs to incorporate cultural values, lack of grantsmanship expertise, and lack of senior centers. References are included. Paper presented during rural legislative seminar at NCOA's 1981 Annual Conference.

506. Greenman, Barbara W.
Institute for Health Planning, Madison, WI.
Prospective Rate Review.
Jul 82, 28p
SHR-0009604 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

Prospective rate setting or rate review is often characterized as the response to phenomenal increases in in hospital costs that began in the late 1960's after the enactment of Medicare and Medicaid. Today, most States have at least considered some form of prospective review of hospital financial requirements. Prospective rate review is a cost containment strategy in which an external authority establishes the prices that providers charge or that third parties pay for specific services in advance of the period in which services are provided. There are a complexity and variety of prospective systems of rate review. These are based on different methodologies (negotiations, budget reviews, and formula approaches), bases of payment (total budget, departmental budget, and specific service bases, etc.), and structural variants of review agencies (the rate setting commission, as well as centralized, decentralized, and private organizational models). Systems also differ regarding review criteria, cost determinations, extent of payer coverage, effects on capital accumulation, and linkages between rate review and certificate of need programs. The current climate for prospective rate review is uncertain. Although the Reagan administration has emphasized competition rather than regulation as a cost-control policy, no competition bill has emerged, and States are simultaneously planning, repealing, and holding up implementation of rate review legislation pending clearer signals from Washington. A chart illustrates 30 different rate review programs. Endnotes and about 40 references are provided. Author abstract modified.

507. Greenman, Barbara W.
Institute for Health Planning, Madison, WI.
Volunteer Staffing for Community Health Planning.
Jul 82, 60p
SHR-0009612 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

This manual is designed to help people involved in the new realities of health planning mobilize their volunteer workers to offset funding restrictions. The book first discusses how volunteers have participated in health planning in the past through boards, committees, and councils and how that role will be expanded in an era of reduced resources and more sharply focused activities. Responsibilities that both surviving and emerging health planning agencies have toward volunteers are detailed in terms of agency self-assessment, analysis of motivational factors, job design, volunteer recruitment, volunteer training and coordination, and committee development. The manual then examines functional areas in which volunteers can play important roles. These include planning, implementation and evaluation, review, promotion / public relations, fundraising, and support functions. An annotated bibliography gives sources for additional materials on managing and training volunteers and on resources for volunteers. Volunteers in Health Planning series. Author abstract modified.

508. Grigsby, J. Eugene; and Hruby, Mary.
California Univ., Los Angeles. School of Architecture and Urban Planning.
Linking Social Impact Assessment and Human Services Planning.
Oct 77, 16p
SHR-0008882 Available from University of California, Graduate School of Architecture and Urban Planning, 405 Hilgard Avenue, Los Angeles, CA 90024.

This paper explores the potential relationship between social impact assessment (SIA) and human services planning and suggests that many of the activities of the human service planner could be conducted using SIA methodology. It is also suggested that one of SIA's greatest potentials lies in its application and contribution to effective human services planning. SIA has been used to investigate the social side effects of such physical development projects as highways, dams, power plants, mines, or new towns. SIA planners assume that a physical project will definitely produce alterations in the social, economic, and natural environment in which it is located. In contrast, human service planners have yet to conceptualize the possibility that a social program could have impacts on environmental sectors other than those that include the groups receiving services. Thus, social planners may fail to consider how social programs could have unexpected benefits or costs for a number of different social groups or institutions. In addition, local public agencies have conducted independent planning and programming activities rather than develop a coordinated approach. Human service planners should reconsider their methods for undertaking the usual seven–step approach to program design, implementation, and evaluation. A series of seven tasks is presented to enable social planners to employ the framework used in SIA. This approach can promote fuller collaboration of human service and physical planners and can enhance the efficiency and effectiveness of human service delivery systems. The SIA approach's greatest benefit is its ability to promote effective, reality–based program design and problem solving. Thirteen references are listed. Paper presented at American Institute of Planners Annual Conference, Kansas City, Missouri, October, 1977. Discussion paper no. DP 102.

509. Gurnack, Anne; and Schoech, Dick.
Incentive Systems for Mental Health Organizations.
1980, 12p
SHR-0009400 Pub. in Administration in Mental Health v9 n2 p79-90 Winter 1981.

The use of incentive systems for employees of human service agencies is explored, with emphasis on employee incentives in mental health organizations. Characteristics of human service organizations that distinguish them from business organizations include the societal view that human services are an earned right, the common view that human services should be mainly provided by government in a system characterized by nonduplication and noncompetition, and the reliance on external funding rather than profits. Also typical of such organizations are the political and legal restrictions under which the organization must operate and the unique nature and role of human service technology. Human service organizations also differ from business organizations in their goals, tasks, and structure. The theories of motivation that have been central to the design and implementation of incentive systems assume that employee motivation is the sustenance of job satisfaction and that inducements can be devised to meet both individual and organizational needs simultaneously. Incentive system variables that have been identified include people's hierarchy of needs, the need for power and achievement, the variation in needs by life passages, the difference between extrinsic and intrinsic motivators, the value and equity of the reward received for individual effort, the schedule and variety of the reward, and the difficulty and specificity of the goals involved. These variables can be considered the building blocks for shaping employee incentives. Individual managers may have adequate control over some of the variables in one type of organizational setting but minimal control over others. A framework that uses these variables and can help managers to devise an incentive system for their particular work situation is presented. Examples of the application of the framework are also provided. Figures and 20 references are supplied.

510. Hartzke, Larry.
Institute for Health Planning, Inc., Madison, WI.
Reexamining Certificate of Need Review.
Apr 82, 11p
SHR-0009404 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

Issues that States should consider in reexamining and adjusting their certificate of need (CON) programs related to capital expenditures on health care facilities are discussed. Reassessment of CON programs is necessary in view of the major change in health planning that occurred in 1981 and that was precipitated by the new Administration. This change has resulted from the Administration's withdrawal of support and involvement in State and regional health planning activities, the continuing decline and / or phaseout of many Health Systems Agencies, and the diminishing resources for State health planning. The CON program, which has been a fundamental component of the system of health planning, has received much criticism. As a result, many States are or will be reexamining the purposes, value, and thrust of their CON programs. The major issues that State CON agencies should examine are program coverage, resources, and monitoring; review benchmarks, outcome, and procedures; and public input. Within each of these topic areas, one or more specific issues are raised and discussed. For example, no two States are likely to have CON laws that specify exactly the same program coverage, since each State is the best judge of the scope of its own CON program. The three final determinants of program coverage are capital expenditure, equipment, and service thresholds. States may wish to use the Federal capital expenditure threshold or a more liberal threshold of $1,000,000 or more, depending on their experience and resources. Instead of specifying dollar amounts related to equipment and services, States may find it more practical to specify in the law that certain types of medical equipment and services are covered by the CON law. State CON agencies should review the range of entities and activities covered by their existing CON laws and should exclude programs for which the State has no interest in controlling development. Notes and similar analyses and recommendations for the other six subject areas are provided.

511. Hayes, Cheryl D.
National Research Council, Washington, DC. Study Project on Social Research and Development.
Study in the Management of Social R and D: The Functions of Demonstrations.
1981, 84p
SHR-0008880 Available from National Academy of Sciences, Printing and Publishing Office, 2101 Constitution Avenue NW, Washington, DC 20418.

Three broad categories of Federal demonstration programs are identified and illustrated using four case examples. In addition, guidelines are suggested to aid Federal policymakers and program officials in their efforts to raise the level of effective use of demonstration programs. The three broad categories of social demonstration activity are projects that are a means of policy formulation, those that are a means of policy implementation, and those that have no direct function in either the formulation or implementation of new Federal policies. A given project can perform both of the first two functions at different points in time. Four demonstration projects that illustrate the nature and functions of different types of demonstrations are (1) the National Nutrition Program for the Elderly, conducted by the Administration on Aging to provide nutritional services and social interaction among socially isolated elderly people; (2) the Shirley Highway Express–Bus–on–Freeway Project, conducted by the Urban Mass Transit Administration to provide an express bus service for suburban commuters; (3) the program conducted by the Social and Rehabilitation Service to provide physical, emotional, and developmental screening, diagnosis, and treatment services to needy children; and (4) the Cancer Control Program, conducted by the National Cancer Institute to identify, field test, evaluate, demonstrate, and promote new methods for reducing the incidence of morbidity and mortality from cancer. A Federal agency should consider a policy implementation demonstration when it has

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determined that an idea should be translated into a concrete example. Additional guidelines, tables, and a list of 46 references are provided. Study Project on Social Research and Development, volume 4.

512. Hayes, Frederick O'R.; Grossman, David A.; Mechling, Jerry E.; Thomas, John S.; and Rosenbloom, Steven J.
Hayes (Frederick O'R.) Associates, Lexington, MA.
Linkages: Improving Financial Management in Local Government.
1982, 184p
SHR-0009622 Available from The Urban Institute Press, 2100 M Street NW, Washington, DC 20037, order number URI33700.

The publication sets out ways in which financial management in local government can be improved by more effective linkages among four basic financial management functions: budgeting, accounting, performance management, and auditing. The volume also addresses the standards that should be met in each of the four functions and the ways in which these standards can be met. An integrated financial management system is defined, and the benefits that it can provide are explained. A checklist allows readers to rate their communities concerning fiscal integration. Three chapters on budgeting help local government define budgeting and explain how it relates to decisionmaking and how it links to the other financial systems. Also addressed are other elements of local financial management: (1) accounting and control; (2) performance management and accountability (goals, objectives, and targets; organizing and operating the system); (3) integrated financial management information systems (elements, levels, and benefits of such a system; strategic and implementation considerations); (4) and auditing and program evaluation. Finally, strategies for integration are suggested. Basically, financial management should be developed as the centerpiece of the government's overall management system, with a sustained 5–year to 10–year effort required to achieve a fully developed integrated financial management system. Exhibits and about 200 references are supplied.

513. Heilman, James M.
Ohio School for the Deaf Alumni Association, Westerville. Columbus Colony, Inc.
Columbus Colony: A Total Planned Community of and for Elderly Deaf, Deaf-Blind, and Deaf-Multihandicapped Persons.
4 Dec 81, 321p
SHR-0009498 Available NTIS PC $24.00/MF $4.00

This report describes a project to develop and implement a model for a total planned community providing comprehensive programs, services, and facilities to meet the unique needs of elderly persons who are deaf, deaf and blind, and deaf and multiple handicapped. The 3–year project was conducted by the Ohio School for the Deaf Alumni Association (OSDAA), Westerville, Ohio, and was funded by the Administration on Aging. Efforts have focused on developing administrative and support systems to meet the comprehensive requirements of this population of elderly persons. The project has achieved the construction and operation of the Columbus Colony, a 106–unit apartment complex and 100–bed nursing facility. In addition, programs and services have been developed and implemented in such areas as health care, transportation, nutrition, communication, leisure and recreation, and volunteerism. Moreover, linkages have been formed with many community agencies and organizations. Finally, the governing body of the organization has been restructured to enable the deaf and hearing communities to interact with one another in planning and administering the project. The findings of the project's evaluation have led to the development of techniques that can serve as models for other organizations dealing with the problems of aging and deafness. Tables, a list of 69 references, and an appendix containing an aerial diagram of Columbus Colony are provided. Author abstract modified.

514. Heywood, Ann M.
Edna McConnell Clark Foundation, New York.
Resource Directory for Funding and Managing Nonprofit Organizations.
Jun 82, 83p
SHR-0009430 Available from The Edna McConnell Clark Foundation, 250 Park Avenue, New York, NY 10017.

The directory is a reference book for nonprofit organizations. It lists publications and organizations that will help them raise funds and manage their programs. It describes where to get the information and skills to successfully run a project or nonprofit organization. The directory first lists material to help research potential funders for specific projects. It then lists general guides for raising funds and specific guides for writing proposals. The directory lists information that will help nonprofit organizations once they are funded—publications on such subjects as management, accounting, and public relations as well as organizations that provide technical assistance in these areas. The material is arranged from the general to the specific, and entries are listed in alphabetical order. Book is based on the "Resource Directory for the Funding and Managing of Nonprofit Organizations," edited by Ingrid Lemaire and published in 1977.

515. Horgen, Gregory C.
Playing the Funding Game: Where It Is, How to Get It, Keep It, Increase It and Manage It for Your Special Project or Organization.
1981, 351p
SHR-0008901 Available from Human Services Development Center, PO Box 161809, Sacramento, CA 95816.

This volume presents a 12-step model to enable organizations to manage an organization effectively to win the confidence of funding agents and to attract and retain funds from individuals, private organizations, and government funding sources. The model provides a sequence of tasks in three broad areas: planning, resource development, and evaluation. An overview of management's function and the planning process covers assessing needs, setting objectives, and developing a plan for operations. Guidelines on resource development deal with marketing, fundraising, methods for obtaining grants, proposal writing, and grants management. Discussions of evaluation focus on structural evaluations, process evaluations, and outcome evaluations as well as on the dissemination of the findings of evaluations. Specific advice covers the organization and operation of a development office, methods of locating unpublicized and alternative funding, making inside contacts with any funding agent, securing low interest loans and surplus property, and techniques for justifying funding requests. Figures, an annotated listing of over 650 references, an index, and 23 appendices providing additional guidelines and resource lists are provided.

516. Hull, Grafton H.
Child Welfare Services to Native Americans.
1982, 8p
SHR-0009548 Pub. in Social Casework v63 n6 p340-347 Jun 82.

Workers providing child welfare services to Native American families must be aware of current and past efforts to help Indians be knowledgeable regarding their unique cultural factors and characteristics, and be selective in using intervention strategies that have proved effective with them. Indians suffer a high rate of alcoholism, suicide, juvenile delinquency, and child abuse. These problems often arise from misguided or deliberately disruptive Federal policies, such as attempts to relocate Indian families from reservations to urban areas and raise

Indian children in institutional settings outside their own society. These practices have broken traditional ties and created anomie over more than one generation, and explain the absence of parenting skills and self-respect that contribute to child abuse. Among the values esteemed in Indian culture and denigrated in the dominant culture are emphasis on the clan or group, disregard of time, encouragement of giving rather than saving and acquiring, permissiveness, extended family and clan orientation, nonconfrontive attitudes, and respect of silence. When interacting with Native Americans, social workers need to be mindful of these basic differences and recognize their implications for how they judge clients and for the style of intervention they use. Because their values have so often been ignored, with dire consequences for the Indian people, resentment of "helping" efforts is to be expected. Social workers must be educated in the language and customs of the tribe with which they intend to work and adapt their techniques to behavior standards acceptable by the client group. More Native American social workers are needed, and child welfare efforts must be geared to keeping a child within the extended family or tribal setting. A total of 29 footnotes are given.

517. Human Services Research Inst., Boston, MA.
Longitudinal Study of Court-Ordered Deinstitutionalization of Pennhurst: Historical Overview V, September 1, 1981-March 31, 1982.
13 Jul 82, 109p
SHR-0009544 Available from Human Services Research Institute, 120 Milk Street, 8th Floor, Boston, MA 02109.

This historical account documents the status of compliance with Judge Broderick's orders that residents of the Pennhurst State School and Hospital in Pennsylvania be placed in less restrictive community facilities and describes events in the Pennhurst case as they unfolded between September 1981 and March 1982. Major sources of information included documents from the litigation, interviews with over 40 individuals involved in implementing the Pennhurst decree, and statistics on levels of compliance. The first section details developments in litigation, including the important circuit court's ruling upholding Judge Broderick's decree on the basis of Pennsylvania's Mental Health and Mental Retardation Act of 1966. A report on the current status of compliance with the Judge's various orders notes that the period marked a considerable slowdown of monitoring activities. The third section identifies both systemwide and Pennhurst-specific developments over the past 6 months, such as proposed legislation to restrict and tighten the 1966 mental health law, a State Senate measure calling for an investigation of the Office of Mental Retardation (OMR), and revised policies on the role of parents of mentally retarded persons. Also discussed are agreements regarding the transfer of some compliance activities from the Office of the Special Master to the OMR and problems encountered in implementing the decree. Although this period was characterized by cooperation, the ensuing months may see renewed confrontation in court because of the State's assertion that it is impossible to meet the court's target for out-of-region placements and the unavailability of State funds in the 1982 to 1983 budget.

518. Hummel, Barbara G.; and Houston, Kay.
Access to Independence, Inc., Madison, WI.
Housing Services for People With Physical Disabilities.
1981, 50p
SHR-0009574 Available from Access to Independence, Inc., 1954 East Washington Avenue, Madison, WI 53704.

This manual describes the information gathering and bureaucratic maneuvering activities involved in helping physically disabled persons locate housing, along with suggestions on specific client services and resources. Steps in building an information base are outlined, beginning with needs assessment and methods for uncovering existing housing suitable for disabled persons. A format for surveying apartments for accessibility is provided. Funding sources for accessibility modifications are identified. The section on the bureaucracy lists Federal programs that subsidize rental housing, such as Section 8 and the Farmers Home Administration. Also covered are disabled persons' eligibility for elderly and low-income family housing, determining family income when a live-in attendant is required, and waiting lists for accessible units. Methods that housing service workers can use to influence new development are reviewed, including the A-95 review. The discussion of client services addresses the intake procedure, associated services that disabled persons need such as attendant care and roommate matching, and presenting information in a format that is easily understood. The manual provides references and a list of public and private organizations concerned with housing for the disabled. The appendices contain a policy statement on accessibility in assisted housing formulated in Madison, Wis., HUD definitions and guidelines, and samples of housing information for client use.

519. Hummel, Joan M.
Pillsbury Co. Foundation, Minneapolis, MN.
Starting and Running a Nonprofit Organization.
1980, 147p
SHR-0008929 Available from University of Minnesota Press, 2037 University Avenue SE, Minneapolis, MN 55414.

This manual is designed for those who are forming new programs or reorganizing existing agencies and provides step-by-step instructions for developing a small nonprofit organization. The handbook is intended for planning groups, community organizers, agency directors, boards of directors, and coordinating groups working on different issues in various service areas. Tasks required for starting an organization are listed, including forming an initial board of directors, developing a budget, establishing a recordkeeping system, and developing and submitting fundraising proposals. The role and function of the board of directors are explained in detail. Decisions to be made regarding the organizational structure and function as outlined in the bylaws are explained, and a model set of bylaws is presented. Explanations of legal requirements that apply to nonprofit organizations cover incorporation, tax exemption, and State and local registration requirements. Additional advice governs the development of a program plan, establishment of a budget, fundraising, accounting, and building a staff. Techniques for effective community relations are also outlined, with emphasis on the advantages and disadvantages of such media as personal contacts, brochures, posters, and newsletter announcements. Forms, worksheets, an index, and a bibliography listing 14 references are provided.

520. Humphrey, Kathy.
Institute for Local Self Government, Berkeley, CA.
Developing Local Public-Private Solutions for California's Employment Problems: 6 Case Studies.
May 82, 154p
SHR-0009566 Available from Institute for Local Self Government, Hotel Claremont Building, Berkeley, CA 94705.

This report examines six partnerships between the public and private sectors in California that were developed to address community employment problems, such as plant closures, labor shortages, and rising unemployment. Interviews were conducted in the six program sites during spring 1982 with private and public officials concerning the public sector's goals in the project, the private sector's reasons for getting involved, forms of business participation, and

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the quid pro quos of the partnership. Following a history of Federal employment programs, the report presents case studies of the six projects. The Port of Oakland developed a program to match unemployed residents with jobs that opened with Port tenants. A State employment agency cooperated with the College of San Mateo to offer training for electronic assemblers and technicians. The Peralta Services Corporation subsidized jobs for long–term welfare recipients as a transition to regular work. Pittsburgh has developed an economic development strategy for increasing revenues and creating jobs for unemployed residents. After closing a plant in Ontario, General Electric has worked with CETA to develop a job center for displaced workers. In San Diego, private industry and CETA have cooperated to create training programs in microelectronics and aerospace jobs. A summary of the study's findings notes that it is very difficult to address the public goal of serving the welfare population and meet business needs at the same time. The public contribution to most partnerships has been greater than the private sector's, but more private sector involvement is necessary. Guidelines for the development of future employment programs are presented. The appendices discuss current trends in State and Federal employment programs and provide data on the study's methodology and an annotated bibliography. Social Policy Series no. 5. See also nos. 1-4, SHR-0009393–SHR-0009396.

521. Isaacs, Mareasa R.
American Health Planning Association, Washington, DC.
Guide for Planning Long Term Care Health Services for the Elderly: Does Your Community Have the Health Services Your Aging Population Will Need.
Jul 82, 73p
SHR-0009609 Available from American Health Planning Association, 1601 Connecticut Avenue NW, Suite 700, Washington, DC 20009.

This guide offers a planning tool and resource for local health planning agencies, health coalitions, or hospital boards interested in providing a wider array of long–term care services to elderly populations. Focus of the discussion is on services that are provided to the elderly either through or financed by the existing health care reimbursement system. A major tenet is that there is a need to develop health services and programs that are currently underdeveloped in many local communities—home health services, adult day care, ambulatory mental health services, and others. Case management, the single agency concept, and the social / health maintenance organization are three models considered for developing integrated care at the local community level. The discussion describes the changing elderly population, points out problems in the current long–term care delivery system, and outlines the features of an ideal system. In addition, it gives practical guidance on how to initiate a planning process in the local community. Brief examples of models that have proven successful in other communities illustrate the importance of developing services that meet specific needs and that build on resources already available. Charts and footnotes are supplied. Appendices contain descriptions of various community alternatives for the elderly, results of research conducted at the national level that studied five community–based demonstration projects, and a list of national organizations providing support and information about the elderly. A 44–item bibliography is also given. Author abstract modified.

522. Jamaica Service Program for Older Adults, New York.
Southeast Queens Consortium of Aging Services (SEQCOAS): Interagency Case Management Project.
1982, 219p
SHR-0009617 Available from Jamaica Service Program for Older Adults, 163-18 Jamaica Avenue, Jamaica, NY 11432.

The report contains the Southeast Queens Consortium of Aging Services (SEQCOAS) / Interagency Management Final Report, an evaluation of SEQCOAS, and documents supporting the continuation of the SEQCOAS Project subsequent to the termination of funding. SEQCOAS was a 3-year demonstration project funded by the Administration on Aging from October 1, 1978, to December 31, 1981. The project was designed to improve the quantity and quality of services to the elderly in Southeast Queens, N.Y., through a voluntary, formal consortium of community service providers; a management information system; and a case management project. SEQCOAS accomplished the agreement of 32 agencies with different mandates and funding streams to voluntarily participate at the executive level of SEQCOAS, to agree to an organizational document, and to commit themselves to share information incrementally. SEQCOAS conducted a survey of representative member agencies to develop baseline inventory data about service provision and need in the community. It organized a computerized data collection system, and it established an interagency case management project using contributed professional staff of member agencies from both the public and voluntary sector. Benefits of SEQCOAS member agencies included improved interagency communication, better resource information, improved visibility for each agency, and shared planning. About 40 references and appended organizational materials and study instruments are supplied. SEQCOAS' membership form, nominating slate, and statement of purpose are provided.

523. Jaycox, Victoria H.; Center, Lawrence J.; and Ansello, Edward F.
National Council of Senior Citizens, Washington, DC. Criminal Justice and the Elderly Program.
Effective Responses to the Crime Problem of Older Americans: A Handbook.
Jan 82, 278p
SHR-0009418 Available from Criminal Justice and the Elderly, 925 15th Street NW, Washington, DC 20005.

The goal of this book is to educate professionals concerned with the welfare of the elderly population to recognize and respond to the crime-related needs to older Americans. It provides facts about the serious crime problems affecting the elderly, those countermeasures that work best, and the basic skills for provision of anticrime services for the elderly. The handbook is organized into four overlapping sections: (1) the realities of aging and of crime against the elderly; (2) crime prevention in the street, in the home, in consumer fraud, and in community efforts; (3) victim assistance—meeting the needs of older victims; and (4) crime prevention education—conducting effective training and expanding the network of trainers and elders' access to information and advice. It is contended that crime statistics that show senior citizens as victimized by crime less often than younger persons mask some crucial facts concerning the conditions of the elderly. While elders overall are victimized at low rates, the aged living in city centers are afflicted at the same rate as younger residents, and urban young and old are victimized at a much higher rate than people in rural areas. Furthermore, crime and the fear of crime alter the quality of the lives of the elderly, who adopt restrictive and isolated lifestyles in response to crime, thus becoming virtual prisoners in their own homes (which should properly be considered a form of victimization by crime). To reduce these fears and ameliorate this distress, pilot anticrime projects for and by the elderly show that crime prevention and victim assistance services work and should be adopted by programs serving the elderly. Chapter references, tables, graphs, and diagrams are supplied. See also related document, SHR-0009419.

524. Jenkins, James L.; Salus, Marsha K.; and Schultze, Gretchen L.
Kirschner Associates, Inc., Washington, DC.
Child Protective Services: A Guide for Workers.

524.

Aug 79, 106p
SHR-0009533 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-092-00042-1.

This manual seeks to assist child protective services (CPS) workers by presenting a frank introduction to issues, processes, and problems associated with CPS delivery systems. An overview discusses definitions of child abuse and neglect, and the extent, causes, and effects of the problem. The text examines the CPS response process and CPS worker roles. Identification and reporting processes are explained, with attention given to reporting laws. Intake and investigation are discussed regarding report receipt, mandated action, indicators in the child and parent, purpose of the investigative interview, preparation for and conduct of the interview, observable data, medical evaluation of the child, and case decision. A chapter on assessment and planning covers social assessment and service planning; an explanation of implementing the service plan discusses direct services, case monitoring, and recordkeeping. Other chapters are devoted to working with the courts, internal and external supports, and prevention. Exhibits, about 25 references, and appended standards are supplied. User Manual Series.

525. Jenkins, James L.; MacDicken, Robert A.; and Ormsby, Nancy J.
Kirschner Associates, Inc., Washington, DC.
Community Approach: The Child Protection Coordinating Committee.
Aug 79, 86p
SHR-0009534 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-092-00040-5.

This manual describes some of the essential activities involved in planning, organizing, and operating a communitywide child protection coordinating committee. It includes activities related to identifying potential participants, developing a commitment to coordinated action, identifying central issues to be addressed by a coordinating committee, and clarifying committee members' roles and responsibilities. It also identifies procedures that can be used to avoid organizational problems. The coordinating committee will be the primary vehicle in the community for coordinating all child abuse and neglect prevention and treatment efforts. To fulfill this overall objective, the committee must encourage community agencies to work together, and it must survey and analyze needs and resources. The committee also must determine community awareness of needs and resources, make program recommendations, develop new community resources as needed, review service delivery, and establish and / or facilitate multidisciplinary child abuse and neglect case consultation teams. The committee will serve as an advocate for children and families, as well as include representatives of the department of social services, law enforcement officials, court-related personnel, medical personnel, mental health professionals, local political bodies, agencies providing services to children, and private agencies or organizations. The manual explains how the committee can maintain its internal functions successfully, such as developing cooperative work planning procedures and maintaining organizational feedback. Exhibits, 10 references, and appended materials on regional child abuse and neglect resource centers and standards applicable to the manual are supplied. User Manual Series.

526. Johnson, Jan; Schwarzer, Mitchell; and Will, Donald.
Institute for Local Self Government, Berkeley, CA.
Program Integration: The Local Approach to Welfare Reform, Cost Savings and Better Client Services.

Feb 82, 165p
SHR-0009393 Available from Institute for Local Self Government, Hotel Claremont Building, Berkeley, CA 94705.

This project studied the efforts of several California communities attempting to create linkages among welfare, employment, and training programs. A review of their experiences was made to glean insights for possible future coordination and linkage in the existing categorical system, as well as for a State–designed welfare / employment system, if these programs are replaced by a block grant to the States. The program integration models studied were in Ventura, San Mateo, and San Bernardino. The principal characteristic of two of these models was colocation, with one program enhanced by a job search workshop intended to replace staff–performed client assessments; the third coordinated programs through the use of a common assessment form, which was computer–matched to appropriate services or job opportunities. If the categorical system of employment and welfare programs is continued in some form at the Federal level, welfare and employment programs should be redefined to include the goal of welfare diversion and maximum local decisionmaking authority. If California finds itself with maximum freedom to redesign the welfare and employment system, it should also define its goals and objectives to include welfare diversion as well as the locally integrated delivery of services. Further, efforts should be pursued to create a single intake for the unemployed, whose needs and capabilities are then assessed, possibly through a job search assistance workshop and then referred to the appropriate service. Charts and tables are given. Appended are a discussion of the vertical logic of categorical programs, profiles of four counties, California sources of linkage project funding, the names of project interviewees, and a glossary of coordination / welfare terminology. Social Policy Series, no. 1. See also related documents nos. 2-4, SHR-0009394—SHR-0009396.

527. Jonas, Steven.
Health Care Delivery in the United States. Second Edition.
1981, 494p
SHR-0009367 Available from Springer Publishing Co., 200 Park Avenue South, New York, NY 10003.

This text for introductory courses in health care delivery examines the major parts of the health service provision system in the United States, recent developments in the evolution of the health care system, and trends of the 1980's. Definitions of health, disease, and illness are offered, along with a consideration of the effectiveness and utility of several types of health services. A discussion of population data related to health and health care presents the main quantitative measures used to describe the population, its health and illness levels, how it uses the health care system, and how the health care system functions. In addition, the supply, types, distribution, and education of health workers are examined. Emphasis is placed on the nursing profession, including nursing roles and functions, current issues in nursing, and crucial aspects of the relationships between nurses and other categories of providers. The distribution and functions of physicians in relation to ambulatory care and hospitals are analyzed, followed by a discussion of mental health services, including certain aspects of the work of health care personnel. The licensing system, along with the various modes of regulation and quality control that pertain to all health care personnel, are considered. Discussions of various forms of institutions cover the different types of hospitals and nursing homes. Issues in health sciences education, the financing of health care services, the major government activities in the planning and delivery of health care services, and the problems of quality assessment and regulation are also examined. Chapter reference lists, figures, tables, footnotes, an index, and appendices presenting a list of abbreviations and a discussion of data sources are provided. Author abstract modified.

528. Jordan, Audrey.
REAP Associates, Inc., Washington, DC.
Assessing Human Services Management Systems. Training Program: Volume 4.
Sep 81, 136p
SHR-0009405 Available from Social Service Research Institute, Welfare Research, Inc., 8th Floor, 1015 18th Street NW, Washington, DC 20036.

Written for the professional trainer, this manual outlines the content and training methods to be used in a 3–day training program designed to provide instruction and practice in the skills necessary to implement an assessment in a human service organization. The manual is part of a four–volume series that also includes a reader's guide, a manual for managers and assessment team leaders, and a guide for internal work groups that have been directed to design and implement an assessment. This trainer's manual is designed to develop the assessment team's ability to function as a team and their skills in important aspects of assessment, including problem solving, interviewing, and assessment design. The course content also focuses on the rationale for and benefits of an assessment; the steps and tasks in the assessment process; the assessment of organizational climate; and the collection, display, and analysis of data. The course outline includes an overview of the objectives for each day's training, an outline of the day's course content, and a detailed lecture outline. The visual aids, handouts, and exercises to be used with the course are also presented. On the first day of training, the group members become acquainted and are introduced to the assessment model and process, the problem–solving paradigm, and the need for assessing organizational climate. On the second day, participants identify and practice the skills needed for data gathering, compilation and display, and formulating findings. The third day's activities enable participants to begin writing their action plans for implementing an assessment. The principles presented are illustrated by means of a class exercise involving an assessment of an agency that has overspent its Title XX allocation to day care by 15 percent. See also related documents, volume 1, SHR-0008613; volume 2, SHR-0008614; volume 3, SHR-0008615. Author abstract modified.

529. Jordan, Audrey.
REAP Associates, Inc., Washington, DC.
Effective Fiscal Management in Human Services Programs: Instructor's Guide. Training Program: A Standardized Accounting System for Purchase-of-Service Providers. Volume 3.
Sep 81, 122p
SHR-0009409 Available from Social Service Research Institute, Welfare Research, Inc., 8th Floor, 1015 18th Street NW, Suite 810, Washington, DC 20036.

This trainer's manual presents the content and instructional techniques to be used in a 5–day course on double–entry accrual bookkeeping for human service agencies. The training is intended for persons who are or will be keeping the financial records in a purchase–of–service provider organization. The course assumes that the participants know how to set up books using a standardized accounting system, record the accounts and transactions of the business accurately on an ongoing basis, and prepare financial statements. They also need to understand how management will use the financial statements. The first day of training orients the group members to the program and one another. It also provides basic information on accounting terms, the accounting cycle, and the concept of balance. The second day acquaints participants with the chart of accounts, the process of closing the books, and the hardware of an accounting system. The third day consists of a structured review based on participants inputs and the completion of a practice set in which participants complete a set of books for a hypothetical case. On the fourth day, the participants close their practice set and prepare income and expense statements. They also do role playing to explore the use of financial analysis in the management of day care centers, which is used to represent a typical human services program. The fifth day focuses on the use of the material used in the workshop. Participants review the value of the standardized accounting system and write plans for converting their agencies' bookkeeping to the system. The training manual includes an outline of each day's content and activities and the visual aids used in the course. The two other volumes in this three-volume series present guidelines for bookkeeping and financial reporting and an accounting overview for the social services manager and nonaccountant. See also related document, volume 1, SHR-0002768. Author abstract modified.

530. Katan, Yosef.
Patterns of Client Participation in Local Human Service Organizations: Conceptual and Operational Considerations.
1981, 17p
SHR-0009586 Pub. in Social Development Issues v5 n2/3 p134-150 Summer and Fall 1981.

Motives for introducing the client participation idea into local human service organizations (HSO's) are examined and used to develop a framework for analyzing actual cases of participation. The literature on client participation reflects a pervasive belief that individuals have a basic right to be involved in human services that influence their lives and that such participation minimizes feelings of powerlessness and isolation. Client participation is also viewed as an educating mechanism, therapy, and a source of data for HSO's. Others argue that client involvement broadens an HSO's base of support, helps control client behavior, and is a means of changing organizations and their professional workers. From a different perspective, concrete personal benefits are probably vital for inducing individuals to participate in organizations. The impact of these motives on implementing the citizen participation concept are discussed in terms of the participants' roles, their range of activities, and the participation forms. Participants can perform conformist, mediating, or changing roles and produce anywhere from a very limited to a very strong effect on the HSO. Organizations that view participation as a lipservice would tend to involve clients in marginal activities while those perceiving it as a method for change would encourage client involvement in a broad range of activities. Along a similar continuum, organizations can promote participation by employing clients, informing them about organization policies, allowing clients to provide information, and finally involving them in bodies with consultive or decisionmaking responsibilities. Tables illustrate different participation models. References are included.

531. Kimberly, John R.; and Miles, Robert H.
Organizational Life Cycle: Issues in the Creation, Transformation, and Decline of Organizations.
1980, 492p
SHR-0008937 Available from Jossey-Bass, Inc., 433 California Street, San Francisco, CA 94104.

This book focuses on the dynamics of organizational change. Following the cycle through its major phases (creation, transformation, decline), it explores issues relating to the internal processes of organizations, examines organizations in the context of the larger systems that they inhabit, and presents the results of longitudinal studies in various organizational settings. Among the organizations analyzed are a medical school, several child care agencies, a neighborhood health center, two universities, a kibbutz, and several companies related to the electronics industry. One chapter argues that the process of institutionalization generates a set of demands on an innovative organizational system that make it difficult to sustain the quality of innovation. An exploration of the role of learning in the creation and early life of organizations distinguishes two approaches to organizational learning—enactive and proactive—and argues that the enactive approach is more appropriate for the creation of innovative organizational settings. Several chapters examine transformation of organizations with special attention devoted to problem cycles in organizations and the management of change, drift in the development of innovative organizations, establishing and maintaining high commitment work systems, and organizational proliferation and density. The last section considers sources, responses, and effects of organizational decline; roots, processes, and types of organizational disintegration; organizational failure; and implications of organizational life cycle research. Tables, figures, subject and name indexes, and over 500 references are provided. Jossey-Bass Social and Behavioral Science Series.

532. Knapp, Sue F.; Worthington, Hannah; and Burkhardt, Jon E.
Ecosometrics, Inc., Bethesda, MD.
Wisconsin Manual to Coordinate Elderly and Handicapped Transportation Services in Rural and Small Urban Counties.
24 Dec 80, 263p
SHR-0009549 Available from U.S. Department of Transportation, UGM 21, Room 9314, 400 7th Street SW, Washington, DC 20590.

This manual, based on the development of coordinated elderly and handicapped transportation plans of three Wisconsin counties, is intended for use in the coordination of both specialized and public transportation in the State's other rural counties. The crucial concept is that of a graduation from cooperation to coordination and, ultimately, consolidation of all transportation services in a community or geographic area into a single unified system. Because total consolidation is hard to achieve, degrees of coordination are recommended. The objectives of coordination are to reduce expenditures, increase services, and improve resource use and service delivery. To achieve coordination, planners should begin with a needs assessment, compiling an inventory of the transportation services currently available and the target population's requirements. Objectives, strategies, and alternative approaches should be considered and a service design adopted. Alternatives are an information or an operational clearinghouse or a consolidated service agency. The probable cost, ridership range, probable revenue, and potential implementation issues should be determined. In developing a financial plan, aspects of the project budget, funding sources, billing and accounting, and recordkeeping should be considered. Finalizing the planning phase provides the link between the proposed service approach and the specific tasks required for setting up operations. Implementing the service will consist of a work plan and schedule, contracts, and operational and administrative procedures. The essential feature of the coordinated service is a lead agency that functions as a clearinghouse of either information or operations for the other area agencies that provide transportation services to handicapped and elderly persons. The consolidated service would result in a single new agency with centralized administration and service operations. Charts, graphs, and tables are provided; 62 references are given. Appendices contain examples of Wisconsin coordination projects and materials used in planning them.

533. Koff, Theodore H.
Long-Term Care: An Approach to Serving the Frail Elderly.
1982, 144p
SHR-0009588 Available from Little Brown and Company, 200 West Street, Waltham, MA 02154.

The history of long–term care is related to a new concept in which services are developed and coordinated to respond to the ever growing needs of the chronically disabled elderly. It discusses family support systems, alternatives to institutional care, assessment of long–term needs, and the role of the health systems agency and licensing issues. Among the approaches to long–term treatment and care are institutional care, a commitment to rehabilitation, home health services, adult day health services, senior centers, congregate housing, nutrition services, and the continuum concept of long–term care. Statistics on the frail elderly are given, and core services are discussed in relation to the integrated home and service center model, the congregate service model, the home care model, and the institutional care model. The environment and administration of the long–term care system are discussed. Information, outreach, and referral; assessment; case management; service access; and data systems are considered major units in the core system. Also discussed are attitudes toward aging and illness and the development of multidisciplinary teams motivated by a caring philosophy. The evaluation of long–term care services' quality requires consideration of ethics, patients' rights, roles of the area agency on aging, and the health systems agency. Professional standards review, peer review, professional organizations, staff availability, patient assessment and case management, and financing are other facets that determine quality. Appended are significant long–term care legislation and program development dates. An index and about 300 references are given. Little, Brown Series on Gerontology.

534. Kovner, Anthony R.; and Neuhauser, Duncan.
Health Services Management: A Book of Cases.
1981, 250p
SHR-0009531 Available from Health Administration Press, 1021 East Huron Street, University of Michigan, Ann Arbor, MI 48109.

These case studies address several areas of health services management, including the manager's role, organization design, control strategies, and professional integration. Introductory papers provide a history of the case teaching method and suggestions regarding its use. Factors affecting personnel decisions are demonstrated by studies in screening applicants for the position of group practice administrator and resolving organization conflicts encountered by a junior manager who is line–responsible to a program director and staff–responsible to the chief controller in a multi–unit hospital. Various approaches to organization are illustrated by descriptions of matrix management in a hospital, efforts to coordinate State–based human services at the local level, and financial ties between a health maintenance organization and a university hospital. Other cases present different aspects of control from decisionmaking in a crisis situation to ongoing cost analysis in a health center and a hospital–based medical group practice. Dispute over a hospital's methods of paying radiologists and an administrator's concern over the substandard performance of a surgeon affiliated with the hospital provide evidence of conflicts that arise between administrators and hospital physicians. The final studies address organizational responses to new conditions and accountability from the viewpoints of a patient and the president of a hospital's board of trustees. Discussion questions accompany each case study. An index is included.

535. Lahti, Janet; Emlen, Arthur; and Troychak, Mary.
Portland State Univ., OR. Regional Research Inst. for Human Services.
Dissemination and Utilization of Permanency Planning Strategies for Children in Foster Care.
1981, 16p
SHR-0009568 Pub. in Children and Youth Services Review v3 n4 p357-372 1981.

This overview of the Permanency Planning Project (PPP)—a 4 1 / 2–year program to disseminate nationally the principles and methods of permanency planning for foster children—covers its history, results, and factors contributing to success. The PPP was based on a demonstration project conducted by the Oregon Department of Human Resources and Portland State University's Regional Research Institute that reduced the State's foster care population by developing a decisionmaking framework, vigorous case management methods, and due process procedures to handle termination of parental rights. The PPP first worked with 15 States receiving Federal incentive grants and then extended its services to several States that decided to implement permanency planning on their own. Staff members prepared educational and training materials and conducted workshops and conferences to support these reform efforts. Technical assistance was provided through needs assessments, ongoing consultation with State personnel, onsite training, and legal consultation and training. Because use of project assistance was voluntary, the PPP viewed a sustained demand for technical assistance as evidence of a substantial commitment to permanency planning. Demand for staff training and help in training was strong, as was that for written and audiovisual materials. Finally, 45 percent of all State directors considered technical assistance critical to the success of their permanency planning program. The PPP's impact was also demonstrated by several reforms in the child welfare system, such as initiating periodic case reviews and new laws on the termination of parental rights in many States. References are included.

536. MacNair, Ray H.; and Carpenter, Ruth J.
Georgia Univ., Athens. Inst. of Community and Area Development.
Case Coordination: Designing Interagency Teamwork.
1980, 46p
SHR-0009340 Available from Institute of Community and Area Development, University of Georgia, 300 Old College, Athens, GA 30602.

This book addresses the problem of designing and implementing case coordination in local communities, with attention to alternative cost–effective approaches. Case coordination is defined, and its benefits for clients with multiple problems are described. Types of sponsorship and ways of arranging case coordination services are detailed, including creating a new center, colocating several agencies, giving coordination responsibility to an established agency, and networking. The discussion of procedural styles considers six approaches—authoritative, inventive, professional, humanistic, formalistic, and universal. Suggestions for fitting styles to structures are included. Steps in the practice of case coordination are outlined, followed by a partial listing of tools, such as training materials, a human service agency directory, assessment and evaluation instruments, and forms. Other chapters explore training needs and management techniques. Overall, the book stresses the advantages and disadvantages of each model for personnel and costs and identifies factors in actual practice that differentiate one type of coordination service from another. Charts and a bibliography are provided. Volume 5 of the Human Services Series.

537. Magill, Greta.
Institute for Health Planning, Madison, WI.
Linking Health Planning and the Block Grants.
Jul 82, 26p
SHR-0009607 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

States should take advantage of the existing health planning structure when designing and implementing a health block grant planning process. This paper outlines the major requirements of such a process, describes the skills that health planning can contribute to these activities, and suggests changes in the health planning program that may be needed to adapt itself to States' needs. Health planning agencies are experienced in assessing needs, inventorying, and evaluating methodologies. They could assume various roles in implementing the planning process for block grants. The State Agency and the Statewide Health Coordinating Council (SHCC) could design and maintain the process for the administering agencies. Also, they could be mandated to provide written planning guidance that the administering agencies could use as they carry out the planning steps. Identification of needs for those services for which funds are provided under the health block grants is a requirement. This necessitates coordinating both programs included in the block grant and related programs that remain outside of any one block. The State Agency could be assigned to analyze the health care needs related to the health block grants and remaining categorical health programs. Other aspects of the health block grant process with which State Agencies can be involved are data management, priority setting, and evaluation. Basically, a broad orientation cutting across programs and linking health care priorities to available resources is now needed. A total of 14 notes are given.

538. Magura, Stephen.
Are Services to Prevent Foster Care Effective.
1981, 20p
SHR-0009569 Pub. in Children and Youth Services Review v3 n3 p193-212 1981.

This review of several project evaluations of crisis intervention and intensive service programs designed to prevent foster care placements concludes that neither model has been markedly successful. Crisis intervention programs are intended for families whose children must be placed unless some immediate improvement can be effected. Projects adopting this approach are first described, such as the Comprehensive Emergency Service in Nashville, Tenn., Youth Services, Inc., in Philadelphia, Pa., and the Bowen Family Center in Chicago, Ill. Discussion of these services emphasizes that methodological problems in the evaluations make it difficult to draw firm conclusions, but notes that characteristics of their client selection and referral processes may contribute to low placement rates. In many cases, the costs of crisis intervention compare unfavorably with that of foster family care. Intensive service programs are designed for families whose deteriorating situations put their children at risk of placement in the future. In this area, the review considers such major projects as Michigan's Parents and Children Together, the New York State Preventive Services Project, and the Hudson County (New Jersey) Preventive Services Project. Incomplete data on caseload reduction and lack of control groups again make it difficult to judge these programs' effectiveness, but preliminary results from an evaluation of the Hudson County project indicate that child placements have not decreased. Implications of these findings for prevention programs and policies are discussed, and a new direction focused on truly early intervention with children and families is proposed. References are included.

539. Massachusetts Mental Health Center, Boston. Vinfen Corp. for Positive Aging Services.
Community-Based Case Management as a Method of Accessing Services for Residents of Intermediate Care Facilities. Geriatric Assessment and Resource Center Model Project.
1 Mar 82, 465p
SHR-0009485 Available NTIS PC $33.00/MF $4.00

The Geriatric Assessment and Resource Center designed and implemented a model system of human services for the frail elders within the Massachusetts Mental Health Center catchment area in order to achieve an improved level of self-sustained community living for that population. The project created a mechanism through which community services and programs could become available to elders in nursing homes. The catchment area includes 41 nursing homes with 3,200 beds and a total population of 212,-

000 people, with 35,000 of these individuals over age 65. Ten nursing homes were selected to participate, half as study sites and half as controls. Assessment procedures were part of either a research effort evaluating patient impact issues or a management process evaluating the effectiveness of interagency procedures in achieving common goals. Project objectives included decreasing the isolation of frail elders by increasing the availability of community resources, increasing the participation of nursing home residents' family and friends in service provision, developing a geriatric day treatment strategy, and expanding rehabilitation service programs. Final assessments of the population revealed that all study home residents were more mobile, all study home residents were more belligerent than those in control homes, and all study home residents were prescribed more drugs than controls. The mortality rate in study homes was half of that in controls. Implications of the results are discussed, and policy recommendations are offered. Case management forms and study products are appended. Author abstract modified.

540. Meinert, Roland G.; and Faherty, Vincent.
Appropriate Technology Transfer for Public Social Services.
1981, 6p
SHR-0008935 Pub. in Jnl. of Continuing Social Work Education v1 n2 p15-19,27 Spring 1981.

This article describes a joint effort by the Missouri Division of Family Services (MDFS) and the University of Missouri–Columbia's School of Social Work to develop and implement a training program in case management. The MDFS staff and social work faculty defined case management and surveyed staff attitudes on training and receptivity toward various training options. In field investigations, participants described needs related to themselves rather than to clients and emerged as workers who were struggling to survive in a demanding and emotionally turbulent work environment. Based on these findings, a three–phase curriculum was designed that first addressed management of the professional self and the work setting. Phase two focused on basic case management skills and phase three on advanced skills. During early 1980, 594 social workers participated in 4 days of phase one training in 3 different locations. Onsite evaluations of the time, stress, and information modules were extremely positive. Surveys of these workers after they returned to their jobs indicated that most had tried to apply the skills they learned to their work. Data from the followup interviews also revealed that some workers abandoned the new techniques because of pressures from large caseloads and others were not really in control of their time. Another group tried to transfer their stress and time management techniques to clients as a means of preventing family crises. Income maintenance workers in MDFS have noted the positive impact of training on their counterparts and requested a similar course. Tables and seven references are included.

541. Meltzer, Judith; Farrow, Frank; and Richman, Harold.
Administration on Aging, Washington, DC.
Policy Options in Long-Term Care.
1981, 244p
SHR-0009403 Available from University of Chicago Press, Administration Bldg., Room 400, Ellis Avenue, Chicago, IL 60637.

This collection of seven essays examines the policy issues involved in providing long–term care for persons suffering from permanent disabilities. The prevalence of chronic illness and disability among the elderly and the social factors associated with such illness and disability are explored. An examination of the way in which the United States has approached its responsibility for long–term care focuses on whether some assistance with basic care should be guaranteed to all citizens age regardless of and on whose terms long-term care should be offered. The resource allocation issues involved in establishing a system of long-term care are examined, with attention to the options open to policymakers as they decide who can and should be served under a national system of long-term care. Considerations underlying the establishment and operation of delivery systems are addressed. A discussion of the financial aspects of long-term care services focuses on the strengths and weaknesses of possible additional sources of financing and selected types of reimbursement systems. Research needs to estimate costs of policy alternatives are also discussed. Four basic policy options are presented: (1) improvement in existing long-term care programs, (2) a new Federal benefit program for long-term care, (3) an income strategy to give people the resources to obtain care for themselves, and (4) encouragement of private sector initiatives in long-term care. It is recommended that the major thrust of policy change consist of a broadened Federal income strategy supported by expanded service and resource development. Other recommended changes include using functional limitation as the basic eligibility criterion, avoiding any age cutoff for eligibility, and ensuring access to care for people of all income levels. Figures, tables, chapter notes, and an index are provided. Papers from a Symposium on Long-Term-Care Policy Options held in Williamsburg, Virginia, in June, 1980.

542. Michigan Univ., Ann Arbor. Inst. of Gerontology.
As Parents Grow Older: A Manual for Program Replication.
1981, 278p
SHR-0009494 Available from Child and Family Services of Michigan, Inc., PO Box 548, 9880 East Grand River Avenue, Brighton, MI 48116.

This manual is a practical step-by-step guide to enable professionals and social agencies to provide an As Parent Grow Older (APGO) program in their communities for families of the aged. The manual was produced by a collaborative project between the Child and Family Service (CFS), Inc., of Michigan and the University of Michigan's Institute of Gerontology. It was written and field tested in seven CFS branches and used by other communities in Michigan, Texas, and four national demonstration sites. APGO is designed to provide a small group experience for adults who have older parents or relatives and need some practical knowledge to understand their older relatives' changing needs as well as their own attitudes toward these needs. These support groups meet for six 2-hour sessions and are led by a trained facilitator. An overview of the APGO program covers objectives, content, group participants, and the facilitator's role. The next section focuses on interaction between group members and the facilitator, with attention to the facilitator's responsibility to interweave the therapeutic and educational dimensions of the program. Suggestions about advertising, public relations, the physical setting, and equipment are offered. The six sessions treat the general topic of understanding the psychological aspects of aging, chronic illnesses and behavioral changes with age, sensory deprivation and improving communication, living arrangements and shared decisionmaking, community resources, and dealing with feelings. The content of each session is described in detail, along with suggestions regarding references, audiovisual materials, and tactics to guide discussion. The appendices contain publicity materials, handouts, and about 100 references.

543. Midpeninsula Health Services, Inc., Palo Alto, CA.
Better Way: Final Report of the Senior Health Services Project.
Aug 81, 262p
SHR-0009490 Available from Midpeninsula Health Service, Inc., 457 Kingsley Avenue, Palo Alto, CA 94301.

543.

This report describes and evaluates a demonstration of a comprehensive system of health and social services located in Palo Alto, Calif., and designed to serve frail elderly persons whose chronic illnesses and disabilities threatened to compromise their noninstitutional status. The Senior Health Services Project, a 2-year model project, was jointly sponsored by two community-based agencies, the Palo Alto Senior Day Health Program and the Midpeninsula Health Service, a licensed primary care clinic and home health agency. Project services included a multidisciplinary team, a medical component, case management, a senior day health program, home health and hospice care, homemaker service, respite beds, and a family group program. The project served 76 elderly persons and their families. The participants had a mean age of 79.7 years. Over half lived with their families, while about 11 percent lived alone and the rest lived in some type of 24-hour care setting. They had an average of 4.5 medical diagnoses at the entry to the project. Almost half carried a diagnosis of senile dementia. The evaluation research addressed sociodemographic characteristics, physical and mental functions, medical conditions, service use, family caregiving role, family stress, and family satisfaction. In addition, five descriptive case studies were completed, and the effectiveness of three service components—case management, the respite bed, and the family health education and support group—was evaluated. Findings showed the desirability of this type of integrated, flexible approach to the long-term care of frail elderly persons. It was concluded that the current health care delivery system is inappropriate to the needs of the frail elderly and that a multidisciplinary team of health professionals is best suited to meeting their needs. Suggestions for changes in the organization, financing, and licensing of services are made based on this experience. Tables, a list of 47 references, and appendices presenting forms and related materials are provided. Author abstract modified.

544. Milt, Harry.
Public Affairs Committee, Inc., New York.
Family Neglect and Abuse of the Aged: A Growing Concern.
May 82, 30p
SHR-0009535 Available from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016.

The pamphlet looks at the extent of abuse of the elderly, factors involved in neglect and abuse, and strategies for intervention in and prevention of the problem. Several million elderly persons, a minority of the total elderly population, are abused and neglected by family members. Neglect of elderly persons involves depriving them of adequate food and clothing, sanitary care, shelter, heat, etc. Abuse usually involves inflicting physical injury or restraint, psychological mistreatment, financial exploitation, forced changes of living arrangements, and misuse of drugs. Elderly persons' helplessness and dependency contribute to their abuse and neglect as does the caretaking relative's inability or unwillingness to provide for them. Caretakers may themselves be feeble or suffering from stress and thus unable to care adequately for an elderly relative. Society's attitudes—condoning family violence and viewing the elderly as intellectually ineffective—may also lead to abuse and neglect. Although the elderly can initiate civil and criminal actions against their relatives, they are often physically, mentally, or emotionally incapable of doing so. A model protective service and abuse reporting law is recommended, as well as a protective services system that States can follow in setting up their service systems. Government programs should share the burden of caring for the elderly with their families, as the task is often too difficult for families to handle alone. Case studies and a list of resources are included. Public Affairs Pamphlet no. 603.

545. Montgomery County Board of Mental Retardation and Developmental

Disabilities, Dayton, OH. Residential Services Div.
Community Acceptance: A Realistic Approach.
Mar 81, 31p
SHR-0009426 Available from Montgomery County Board of Mental Retardation and Developmental Disabilities, 2610 Philadelphia Drive, Dayton, OH 45405.

The study determines whether the use of seven group homes in Montgomery County, Ohio, for individuals with mental retardation has had any adverse affect upon the value of properties in the neighborhoods where these homes are located. A complete study was made of the housing market as to type of home and sales price prior to the time of occupancy by the homes. A study was then made of the sales in the area after occupancy of the homes by the mentally retarded to see if the occupancy of the homes had any adverse affect on the neighborhood. Neighborhood opinion was also surveyed. Findings indicate that property values in neighborhoods with group homes have the same increase in market prices as other similar neighborhoods. Adjacent properties did not experience property value declines, and neighborhood property turnover was similar to rates in neighborhoods with no group homes. Most respondents to a survey on group homes felt that the mentally retarded should have the same civil and human rights as others, that they should have the right to live in a community setting, and that a group home can help a neighborhood to better understand and appreciate persons with disabilities. Moreover, 46 percent of persons living near group homes felt that the homes had not affected their property values; 29 percent were undecided. Tables are included, and an appendix presents the neighborhood survey, 13 references, a fact sheet, and a listing of researchers' credentials.

546. Moore, Kristin A.; and Burt, Martha R.
Urban Inst., Washington, DC.
Private Crisis, Public Cost: Policy Perspectives on Teenage Childbearing.
1982, 166p
SHR-0009634 Available from The Urban Institute Press, 2100 M Street NW, Washington, DC 20037, order number URI33900.

The issues of teenage pregnancy and parenthood are the subject of policy options developed from research on the prevalence and personal consequences of teenage births, public programs available to assist pregnant teens and teen parents, and the societal costs of teenage childbearing. Investigations have also concerned sex education programs in public schools and evaluations of comprehensive programs for pregnant teens and teen parents funded by DHHS. This volume synthesizes much of this research. Policy recommendations outline family, community, and government actions and policies that can reduce the probability of teenage girls ending as women on welfare. The studies demonstrate that intervention is easier and less costly the earlier it occurs in the decisionmaking process and the closer it occurs to the individuals involved. Tables and over 200 references are supplied.

547. Muzzio, Timothy C.; Koshel, Jeffrey J.; and Bradley, Valerie.
Urban Inst., Washington, DC.
Alternative Community Living Arrangements and Non-Vocational Social Services for Developmentally Disabled People.
Oct 81, 418p
SHR-0009540 Available NTIS PC $30.00/MF $4.00

This document explores issues in the 1980's that will confront professionals who coordinate alternative living arrangements and nonvocational services for developmentally disabled persons. An introduction summarizes the 1978 amendments to the Developmental Disabilities

Act and identifies major features of alternative community living arrangements and social development services. Papers then assess the trend to consolidate clients and programs into more generic structures, arguing against moving too quickly to give up the system of specialized services that is currently part of public policy. Discussions on manpower issues consider projected staffing needs, labor market trends, high employee turnover rates in residential facilities, and recruiting primary and secondary caregivers. Following a review of major principles involved in client participation, another presentation describes the growth of the self–help advocacy movement among developmentally disabled citizens. A history of deinstitutionalization and system reform demonstrates the need for new monitoring practices that reflect altered relationships between State bureaucracies and service providers. Another analysis of accountability focuses on State licensing and certification techniques and advances several means of carrying out local quality assurance activities. Papers on program financing trace the history of funding developmental disabilities services, detail economic factors that will affect future funding, and outline steps that should be taken to maintain past gains. Finally, the evolution of community–based programs is discussed along with problems they have encountered. References are included.

548. Nahemow, Lucille.
New York Univ. Medical Center. Office of Urban Health Affairs.
People Care for People: Providing a Missing Link in the Chain of Natural Support Systems.
1981, 96p
SHR-0009497 Available NTIS PC $10.50/MF $4.00

This report details the methodology and accomplishments of the People Care for People project that trained social work, medical, and nursing students at New York University to reach groups of older people in the New York City community, who were their own primary caregivers as well as caregivers to other elderly persons, and provide them with needed health information. Training given to student interns between September 1979 and May 1980 is reviewed. Early sessions created an interdisciplinary assessment tool for use with the homebound elderly, while later classes focused on specific health education issues, such as medication, senility, and patient advocacy. The report then describes the outreach program initiated between July 1979 and February 1980 to bring people into the ongoing health education support groups. Discussion topics, participants' characteristics, attendance, and innovative presentation methods developed to meet the increasing demand for health education classes are covered. Themes that emerged throughout the various group sessions included difficulty in communicating with health care professionals, aging in the health care system, and difficulty in negotiating with social service agencies. Health education materials developed by the project are described, including a local directory to community resources for the elderly, a comprehensive health guide manual, and a videotape presentation on health advocacy issues and older people. Recommendations relating to services for the elderly emphasize that project participants were very interested in their own health and preventive measures and were flexible about changing lifestyles to maintain good health. The appendices contain the project's evaluation, informational materials, and the interdisciplinary assessment instrument.

549. Nathan, Richard P.; Cook, Robert F.; and Rawlins, V. Lane.
Brookings Institution, Inc., Washington, DC.
Public Service Employment: A Field Evaluation.
1981, 121p
SHR-0009573 Available from The Brookings Institution, 1775 Massachusetts Avenue NW, Washington, DC 20036.

This study analyzes the intergovernmental effects of the public services employment (PSE) component of the 1973 Comprehensive Employment and Training Act and was based on information collected in a representative sample of 40 urban, suburban, and rural jurisdictions during 1977 by a network of field researchers. The project first examined to what extent local and State governments actually created new positions and hired unemployed persons who would not have been hired without Federal funds as opposed to simply replacing local money with Federal money. The results of this analysis showed that displacement was not inconsequential, but was lower than many persons had thought. A second major area explored was PSE's effectiveness in targeting program activities to appropriate people, creating training opportunities for these people, and helping them make the transition from subsidized public jobs to unsubsidized jobs. This discussion emphasizes that the PSE program is a policy bargain among conflicting interests, but that this situation strengthened certain aspects of PSE as a job training program in many jurisdictions. The study also reviewed the types of services provided by PSE and their importance to local officials. The field data showed that the PSE positions were heavily concentrated in the primary services, such as public works, utilities, and sanitation. Participants in all categories usually held low-pay, low-skill jobs. Some services provided by PSE, however, were quite important to local officials and the community. The final chapter discusses the role of nonprofit organizations under the PSE program. Tables and references are included.

550. National Association for State Information Systems, Lexington, KY.
Information Systems Technology in State Government: 1981-1982 NASIS Report.
1982, 415p
SHR-0009446 Available from The National Association for State Information Systems, PO Box 11910, Lexington, KY 40578.

The report presents an annual "snapshot" of the state-of-the-art in information systems and other computerization in the States, provides data for analysis of trends in State information systems, and is designed to increase the exchange of information among the States on information systems legislation and funding and on actual systems design. Classes of data covered include coordination and control of information systems, computer inventory, personnel, training, difficulties experienced in electronic data processing management, formalized plans and documentation, applications, and funding. Data also cover intergovernmental information systems relationships, data security and privacy, and transfer projects. Findings show that increased emphasis on the coordinating function in the management of information processing resources may indicate that attention is being given to the proliferation of installations in order to forestall inefficient or duplicated services. Classification of central processing units is becoming more difficult as capacities overlap in ever-increasing dimensions. Little change is noted in the method of acquiring data processing equipment, but statewide data processing plans have become more prevalent and are kept up-to-date. Finally, States spend approximately $1.8 billion on information systems, which represents about .07 percent of State outlays, and user charges continue to provide a majority of information systems funding. Separate sections on judicial applications, computer installations, communications and data entry equipment, and off-line peripherals are appended. A total of 25 tables are included.

551. National Association of State Units on Aging, Washington, DC.
Advocacy Responsibilities and Activities of State and Area Agencies on Aging.
May 82, 18p
SHR-0009508 Available from National Association of Area Agencies on Aging, 600 Maryland Avenue SW, Suite 208, Washington, DC 20024.

551.

This report describes and analyzes the many advocacy responsibilities and activities of State and area agencies on aging. Review of the total advocacy efforts of these agencies and practices should serve as a reference source about State and local leadership and for planning and evaluating advocacy efforts at the State and local levels. The historical development of State and area agencies on aging is outlined, and ways in which these agencies carry out the mandate of the Older Americans Act are delineated. Advocacy is characterized by five elements: strategies, group, arena, goal, and beneficiary. Direct advocacy strategies to bring about change for the benefit of the elderly include testifying before legislative, executive, and regulatory bodies; reviewing and commenting on plans, budgets, and policies affecting older persons; and creating coalitions of public and private agencies to work together on behalf of older persons. Indirect advocacy strategies involve funding particular advocacy efforts such as a Medigap hotline, technical assistance in numerous areas, and training in advocacy skills. The effectiveness of State and area agencies on aging as principal advocates depends on several variables, including available resources, staff cohesiveness, surrounding environment, and location within or outside of government. Advocacy takes place in seven main arenas, including office of the Governor, State and local agencies, State legislature, and Federal agencies. Advocacy aims to increase job opportunities for the elderly, reduce property taxes and rent, and bring about new client services. State and area agency goals will be determined largely by the needs of the elderly who are the beneficiaries of the advocacy. However, all area agencies on aging work toward protecting and enhancing older persons' rights and benefits. Five notes and about 20 references are given.

552. National Council on the Aging, Inc., Washington, DC.
Working With the At-Risk Older Person: A Resource Manual.
Dec 81, 548p
SHR-0009572 Available from The National Council on the Aging, Inc., 600 Maryland Avenue SW, West Wing 100, Washington, DC 20024.

This manual contains a wide variety of readings on defining the at-risk elderly population and methods of meeting their particular needs and was prepared to supplement a training course for persons in this field. The introductory article discusses Maslow's "Hierarchy of Felt Needs" as a philosophical approach to human services that is both humanistic and practical. The next group of papers concern definitions of the frail elderly, statistics on this population, legislative definitions of handicapped populations, and implications of Section 504 of the 1973 Rehabilitation Act for at-risk older persons. Services needed by the frail elderly are addressed by articles on assessment instruments, sensory changes in older persons, and services to help these individuals remain in their own homes. Blindness and loss of hearing are also considered. Specific examples of community support systems developed for the frail elderly are described, with attention to informal networks of assistance as well as senior centers and adult day care facilities. Other readings examine crisis intervention programs, protective services, and special housing needs. The manual shifts to strategies for working with the at-risk elderly in group situations and the benefits that group activities offer these individuals. Methods of overcoming barriers to group participation such as hearing or sight impairments are outlined by several articles, while others describe work with elderly persons released from mental institutions, persons suffering from arthritis, and the older alcoholic. The final readings offer guidelines on formulating action plans that produce and promote change in the at-risk client and explore the case manager's role. A bibliography is appended.

553. New Jersey State Dept. of Human Services, Trenton. Developmental Disabilities Council.
New Jersey State Plan for Services to the Developmentally Disabled: 1982 Update.
1982, 58p
SHR-0009537 Available from New Jersey Developmental Disabilities Council, 108-110 North Broad Street, CN700, Trenton, NJ 08625.

This monograph describes the organization and responsibilities of the New Jersey Developmental Disabilities Council, the administering agency involved in developing and administering the State plan for the disabled population. The basic characteristics of the developmentally disabled population of New Jersey are described, along with estimated service needs. A review of the organizational framework, service and resource availability, and quality of the current service network is given. A section on gaps in developmental disabilities programs assesses service shortfalls and delineates the network capability service–by–service to address the estimated needs of the developmentally disabled population. The discussion relates council goals and objectives to its budget and identifies funding sources and objectives. A description of assessment and evaluation procedures also discusses the skill level standards and training programs for persons who work with the developmentally disabled. The monograph concludes with a description of special programs operated by the developmental disabilities service network and with assurances that New Jersey will operate the developmentally disability program in a manner consistent with program rules and regulations. Tabular data and figures are provided.

554. Newington Senior Citizen Center Study Committee, CT.
Facilities and Services for the Elderly: Present and Future. A Community Opinion Survey.
Jul 82, 36p
SHR-0009615 Available from Newington Senior Citizen Center Study Committee, Department of Social Services, 131 Cedar Street, Newington, CT 06111.

This paper reports the results of a 1982 survey mailed to 4,000 Newington, Conn., residents to assess the need and community support for a senior citizen center. Half the sample was selected from a mailing list of persons over 60 based on 1980 census records while the other half was drawn from voter registration lists. The response rate from elderly residents was 16 percent, while that for the nonelderly was 6 percent. Elderly returns were judged atypical of the entire elderly population, based on the conclusion that a higher proportion of the elderly who attended the Newington senior center responded. Sharp differences emerged between elderly and nonelderly respondents regarding desirable services for senior citizens. The top five services for the nonelderly were social services, while elderly respondents placed only one social service in their top five. Furthermore, 80 percent of the elderly respondents failed to answer this question compared to 29 percent of the nonelderly. Extrapolation of the elderly survey data indicated that a minimum of 589 residents use or would use recreational or social services at centralized or satellite sites. Survey results revealed that 47 percent of the nonelderly were certain of their willingness to pay for senior citizen facilities and services compared to 35 percent of the elderly respondents. This low level of support may be correlated to low income levels among the elderly. Only 7 percent of both groups were willing to contribute time to the delivery of services or operation of the center. Tables showing response rates to individual questions and the survey instrument are included.

555. Newman, Harvey; and Wijk, Alfons Van.
Institute for Management Improvement of Nonprofit Organizations, Coconut Grove, FL.
Self Evaluation for Human Service Organizations.
May 80, 112p
SHR-0009420 Available from Greater New York Fund/United Way, 99 Park Avenue, New York, NY 10016.

The manual provides human service organizations with a step–by–step methodology for self–evaluation, including suggested forms and procedures. It presents case studies on self–evaluation of three human service agencies that participated in a pilot project. An introduction outlines the purposes, benefits, and conditions of success for an evaluation. It describes the evaluation process as consisting of the following steps: organizing for self–evaluation, identifying the mission, describing programs, identifying program goals, defining program objectives and measures, defining case objectives and measures, evaluating cases and programs, and planning program improvements. Evaluation concepts and definitions are provided. A brief description of each step in the evaluation, its purpose, and the methodology or process to be used is presented along with a specific form to be used in each step or a discussion of the type of forms to be used. A list of important factors to consider in carrying out each step is included. The case studies have been adapted for illustrative purposes. Self-Evaluation Manual.

556. Office for Senior Citizens and Handicapped, Chicago, IL.
Chicago Senior Citizen Self Help Project.
1981, 56p
SHR-0009487 Available NTIS PC $9.00/MF $4.00

This document describes the methodology and findings of the Chicago Senior Citizens Self–Help Project, an effort to develop a model for an informal support network through existing senior citizen groups and clubs. The 2–year project was staffed by a coordinator, five field staff professionals, a research analyst, and an administrative assistant. After a telephone survey of 522 senior clubs and group leaders, the project selected 50 groups representing diverse ethnic, racial, and economic level memberships. Following a presentation on the project's self–help concepts, 47 groups agreed to participate and received seed money for developing project needs assessments, work programs, budgets, recordkeeping, and resource utilization. Technical assistance was provided through workshops, leadership meetings, and individual counseling. The project also developed a resource manual for self–help groups, gave public recognition to the groups, and organized a national conference using the self–help group volunteers as primary resource people. Specific implementation issues addressed by the report include staff training, startup procedures, seed money guidelines, and fundraising. Examples of the wide variety of projects undertaken by the groups are provided. The project conducted research throughout the grant period to evaluate the effectiveness of informal self–help groups, based on interviews with self–help volunteers, the elderly receiving self–help services, and some nursing home administrative staff. It concluded that senior citizens groups and clubs were a viable source of informal support to the elderly, but that the following variables had a significant impact on the expansion and development of self–help groups: motivation, group leadership, group structure, and the impact of professional staff intervention. A map and charts on the individual groups are appended.

557. Office of Human Development Services, San Francisco, CA. Region IX.
Grantee Financial Management Development Workshop: Instructor's Manual.
Jul 81, 124p
SHR-0008513 Available NTIS PC $12.00/MF $4.00

This instructor's manual was prepared for a two-day workshop in financial management conducted for recipients of Human Development Services grants. Identification of grantee problems was derived from onsite evaluations of Head Start programs, but the course can be adapted to accommodate local priorities. The first section provides an overview of the workshop's content, identifies instructional aids, and offers suggestions on scheduling class time. The text of the participant's notebook contains annotations for the instructor and is keyed to supplemental materials, class exercises, and references. The text examines cost principles, grant administration, and internal controls. The nine items that can be used as handouts or references include a list identifying allowability of costs for selected items, a grant application checklist, budget worksheets, financial reports, and a discussion of audit concerns. The manual concludes with the following exercises designed to vary the learning experience and enhance understanding: determining Federal matching share, preparing financial reports, preparing monthly budgets, calculating Federal proceeds from a property sale, applying Federal procurement standards, and determining cash requirements. See also related document, SHR-0008514.

558. Office of Human Development Services, San Francisco, CA. Region IX.
Grantee Financial Management Workshop: Participant's Notebook.
Jul 81, 123p
SHR-0008514 Available NTIS PC $12.00/MF $4.00

Prepared for a two-day workshop in grantee financial management, this participant manual covers cost principles, grant administration, and internal controls. The materials address the most common concerns and problems faced by recipients of Human Development Services grants that were drawn from onsite evaluations of Head Start programs. An introduction identifies the responsibilities of the chief financial officer in an organization receiving a Federal grant. Following an overview of the workshop, the text discusses direct and indirect costs and the allowability of costs. The section on grant administration considers matching, grant-related income and reimbursements, the application process, accounting and reporting, and audits. Topics treated under internal controls are grantee salaries and benefits, property management, procurement, and cash management. Supplemental materials include a list identifying allowability of costs for selected items, documentation of the nonfederal share, budget workshops, and a sample auditor's agreement. Also provided are class exercises in determining Federal matching share, preparing financial reports, preparing monthly budgets, calculating Federal proceeds from a property sale, applying Federal procurement standards, and determining cash requirements. The text's format provides space on each page for notetaking. See also related document, SHR-0008513.

559. Ohio Association of Child Caring Agencies, Inc., Columbus.
Guidelines for Protecting the Child in Residential Group Care.
28 Feb 82, 76p
SHR-0009547 Available from Ohio Association of Child Caring Agencies, 360 South Third Street, Room 309-C, Columbus, OH 43215.

This manual presents standards and implementation guidelines for discipline policies and procedures for reporting, investigating, and correcting incidents of child abuse and neglect that might occur in group care facilities for children in Ohio. Part One contains standards for discipline policies, beginning with the recommendation that all residential facilities have written policies that are communicated to residents, their parents, and staff. The consequences of abuse and neglect are discussed with examples of harmful physical and emotional abuse and inappropriate treatment. Standards then address intake requirements, the physical environment, staffing, and children's personal needs. Areas treated by problem management criteria include corporal punishment, cruel and painful punishment, use of seclusion and timeout, and psychotropic medication. A child's rights are defined, as are advocacy services that institutions should provide. Standards concerning staff address training, orientation, education qualifications, staff development, and performance measures. Part Two first presents standards for developing a critical incident reporting system and then considers recordkeeping procedures, reporting physical restraint and sexual abuse, internal investigations, and corrective actions. The appendices contain a paper on approaches to discipline for direct care workers, sample recordkeeping forms, Ohio statutes on child abuse and neglect, behavior guidelines for institutional staff, indicators of abuse and neglect, sample policies on children's and staff rights, and a bibliography.

560. Osman, Jack.
Institute for Local Self Government, Berkeley, CA.
Program Integration: Determining Its Cost Effectiveness.
Feb 82, 39p
SHR-0009394 Available from Institute for Local Self Government, Hotel Claremont Building, Berkeley, CA 94705.

This report explains the concept of cost–benefit analysis and shows how to do a cost–benefit analysis of social and human services linkage projects. The manual begins by explaining the method of comparing the dollar costs of a program to the dollar amount of the benefits. Cost effectiveness is also discussed, which requires judging the cost required to produce a certain effect difficult to measure in dollar terms. A design for cost–benefit analysis is then outlined, which provides a way for organizing collected program information and articulating the program goals (i.e., target group, desired impact, and program approach). Tips are also given on obtaining agreement from management and policymakers on the type of design selected and the use to be made of analysis results. The most acute problem of social services cost–benefit analysis is deemed to be the attribution of a dollar value to the costs and benefits of the program. Benefits that can and cannot be measured in dollar terms are identified; their inclusion in the analysis is shown, and all the groups to which benefits of linkage programs accrue are specified. Weighting benefits and how to attribute full or partial value to certain benefits in the final analysis are explored. Finding and measuring the costs that extend a program's expenditures beyond budget are also explained. Additional discussion focuses on developing bench marks for comparison with other programs and on selecting the optimal time of program life for a cost–benefit analysis. The manual concludes with a step–by–step guide for the performance of a cost–benefit analysis of a linkage program. Tabular data, a 10–item bibliography, and appendices are supplied. Social Policy Series, no. 2. See also related documents, no. 1, SHR-0009393; no. 3, SHR-0009395; no. 4, SHR-0009396.

561. Otis, Pat; and Wood, George.
Austin Independent School District, TX.
Community Education Proven Practices: Local Government Participation. Federally Funded Local Community Education Projects.
1981, 88p
SHR-0009593 Available from Community Education Program, Department of Education, 7th and D Streets SW, Washington, DC 20202.

The Austin, Tex., local government, the local citizen group, and the local school district cooperated in 1973 to develop a better quality of community life through community education. The city's education project targeted youth problems, including truancy and vandalism, and adult crime and unemployment problems. This report traces the history of this cooperative effort, focusing on the problemsolving structures formed out of the developmental dynamics. Four community education models were investigated: a school district model whereby the independent school district would totally fund and administer the project; a local government model whereby the city would be responsible for the project; a citizen nonprofit corporation model whereby the project would be independently controlled; and a citizen–city–school district model, which would incorporate benefits of all three participants. The group task force analyzed the costs and benefits of each model and recommended the citizen–city–school district model. After acceptance, the project was expanded to include five new community schools. The city and school district agreed that the school district would administer the program, but both groups would equally fund it and share in the long–range planning. A consortium composed of representatives from the city, school district, various local organizations, and each community school advisory council was formed to give high–level input into the process. Austin's experiment was recognized by Federal and State governments and associations, which emboldened other communities to attempt the same. Administrative issues faced by the principles in the project are discussed. About 70 references are cited. Appendices include tabular data, community coordinating procedures and resolutions, and other information.

562. Pacific Consultants, Berkeley, CA.
Major Title XX Issues: An Analysis of Several Key Planning and Funding Practices Utilized in Social Services.
Sep 79, 99p
SHR-0006525 Available NTIS PC $10.50/MF $4.00

This study assessed several key factors affecting Title XX including Title XX planning and decisionmaking, substate allocations, citizen participation, Public Law 94–401 as it related to day care and group eligibility, and social services funding source utilization. Data were collected by interviewing key personnel in 10 States: Arizona, Delaware, Kansas, Louisiana, Maine, New York, Ohio, South Dakota, Tennessee, and Washington. The analysis of planning and decisionmaking found that the legislatively controlled State budget process substantially influenced the Title XX program. Almost all services were mandated by the State, leaving few opportunities for choice or change by local areas. The range of services generally had not changed since the inception of Title XX, but had become institutionalized and centralized. Allocation procedures were used by 8 of the 10 States, based on a formula that combined general population and poverty measures. In the realm of citizen participation, most States used citizen advisory boards as the primary vehicle for obtaining public input. Data also revealed that most participation came from providers, vested interest groups, and advocacy groups rather than the client population. Although Public Law 94–401 provided a welcome additional source of funds for States' Title XX programs, the study discovered that these funds were only marginally used to upgrade day care programs and that few States used the group eligibility option. Because of the Title XX ceiling, more States are seeking additional sources of Federal funds to support their social services. Fiscal, programmatic, and organizational considerations that affect the use of alternative funding sources are examined, and patterns are identified in specific service areas. Policy implications of the study's findings are explored. Charts and about 45 references are included.

563. Pati, Gopal C.; Adkins, John I.; and Morrison, Glenn.
Managing and Employing the Handicapped: The Untapped Potential.
1981, 365p
SHR-0009592 Available from Brace Park Press, PO Box 526, Lake Forest, IL 60045.

Addressed to employers, rehabilitation professionals, and other interested parties, this book advocates the employment of qualified handicapped workers as an advantageous business measure. It contends that handicapped people constitute an underutilized human resource of great potential value to employers. The handicapped are often highly motivated to succeed at regular jobs, to be personally independent, and to contribute to society. Because they are screened twice, once by the rehabilitation service and once by the employer, handicapped workers properly trained and placed are likely to increase the employer's productivity. Many corporations and organizations have successfully hired disabled workers and altered personnel practices to accommodate these workers with no significant costs or inconveniences. To facilitate more widespread tapping of the handicapped workers' potential, various issues of handicapped employment are discussed, beginning with the diversity and size of the disabled population. The legal framework within which employers and rehabilitation personnel work is outlined and compliance requirements identified. Rehabilitation agencies can work with employers to solve personnel problems, and some model agencies are investigated. Details are given on how to design and implement an effective recruitment and placement system with management ideas derived from models in corporations, small businesses, unions, and public organizations where these techniques are in use. The technological aids that are available to help disabled workers perform a great number of jobs are described. Accessibility standards for worksites are delineated, and tips given to facilitate the logistics of getting people in, out, and about the worksite. Also addressed are the training and consciousness raising necessary for managers, supervisors, and employees. Notes and tabular data are given. Appended are a summary of disability codes and a directory of organizations. Errata sheet included. Brace-Park's Human Resource Application Series.

564. Pattakos, Alex; and Smith, Russell L.
Northern Illinois Univ., DeKalb. Center for Governmental Studies.
Interagency Coordination in the Illinois Employment and Training System: A Blueprint.
1982, 91p
SHR-0009621 Available from Center for Governmental Studies, Northern Illinois University, DeKalb, IL 60115.

This blueprint is the product of a research and demonstration project in Illinois and offers a practical, theoretically based resource for human services professionals in the employment and training arena who must develop and implement interagency coordination strategies on behalf of their clientele. It is also designed to increase the professional competence of human services personnel responsible for planning, managing, delivering, and / or evaluating human services coordination efforts at the local community level. The blueprint focuses on the conceptual and practical issues, experiences, and concrete skills necessary to develop and implement interagency coordination strategies. It attempts to increase the understanding of the range of linkage / coordination processes and models available, to develop insight into the various approaches to linkage development, and to broaden the knowledge of the latest research, community experiences, and government policy changes in the field of interagency coordination. The discussion of general considerations relates to the rationale for coordination, employment and training as a facet of the social service system, and needs assessment of the community. Alternative models for coordination are approached in terms of a typology of interorganizational relations and the facilitators and barriers to interagency coordination. The Illinois field experience illustrates applications of the methodology for assessing the community profile—its regional, population, and socioeconomic features; its economic base, labor force, and political characteristics. Inventorying of the existing service system is described, as is the profiling of attitudinal, behavioral, and organization dimensions of interagency coordination. Appended are study instruments and a bibliography of over 150 entries. Charts and tables are given. Project Scope product.

565. Paul, Joseph; and Mono, Mary K.
Geriatric Authority of Holyoke, MA.
Comprehensive Geriatric Services Development Project.
1981, 63p
SHR-0009501 Available NTIS PC $9.00/MF $4.00

This report describes the history and activities of a project to develop a semi–independent municipal agency to develop comprehensive geriatric services in Holyoke, Mass. The Geriatric Authority of Holyoke (GAH) was established in 1972 by an act of the Massachusetts Legislature. It was authorized to develop and administer a geriatric care center combining long–term residential and community–based social geriatric services. GAH is unique in its organizational framework as a special public body, which has considerable autonomy but in some areas is subject to the approval of the mayor and / or the aldermen. GAH is both a direct provider of services in various facility–based settings and the coordinator of community–based programs in the municipality. A complete continuum of programs and services are currently in operation. While several sources of funds are used to support the specific services, the structure of GAH permits the financing of both capital projects and operating expenses through revenue–generating public bonds and notes. The experience of developing GAH has demonstrated that even the most dedicated voluntary body will find it difficult to carry out an extensive development program without adequate staff support. In addition, such an organization needs adequate resources to support development activities over a lengthy period. Additional conclusions, a description of the organization's administration, and appended tables and figures are provided. Author abstract modified.

566. Pearl, Arthur; Grant, Douglas; and Wenk, Ernst.
Value of Youth.
1978, 320p
SHR-0008862 Available from International Dialogue Press, PO Box 924, Davis, CA 95616.

This collection of 20 articles addresses social and structural factors that contribute to the alienation of youth in the United States and describes innovative programs that value youth. An introductory paper emphasizes the devaluation of youth in the contemporary job market and education system and identifies the important needs of adolescence that a modern technical society fails to meet. The section on alienation as a way of life begins with a discussion of employment problems faced by youths and then shifts to the relationships between delinquency and employment and schooling. A view of youth alienation in the school setting attributes the rise of adolescent suicide to growing self–centeredness and a breakdown in institutional integration. Other papers criticize this theory, commenting that it minimizes institutional factors that produce social problems and places too much blame on schools. All agree, however, that young people face increasingly difficult circumstances. The second group of articles describe projects that have involved youths and reduced the pain experienced during adolescence. These presentations show how students planned an employment program and learned about history and government by mounting a campaign for student rights. Also examined are experience–based career education projects, alternative schools, and programs to motivate disinterested students to learn, such as the Foxfire concept that has students research and write about their own communities. The final paper identifies key elements in a new national youth policy, such as youth involvement, an emphasis on productive participation in society, and removal of barriers between work and education. Chapter references are provided.

567. Pennock, Mike; Louwe, Kim Van; and Bloomfield, Elizabeth.
Social Planning and Research Council of Hamilton and District (Ontario).
Developing Self-Evaluative Information Systems: A Guide for Community Service Managers.
Sep 79, 39p
SHR-0009402 Available from Social Planning and Research, 155 James Street South, Suite 607, Hamilton, Ontario, Canada L8P 3A4.

This guide is designed to help managers use their systems for keeping records on clients as a resource for use in self-evaluations. Emphasis is placed on self-evaluation of community mental health services. Self-evaluation is regarded as a continuous monitoring process that is superior to funder and third party evaluations in that it provides continuous information for use in making administrative decisions, is tailored to the specific agency, and can avoid asking the wrong questions. However, most agencies lack the kind of client records which are conducive to adequate self-evaluations. Agencies are advised to establish information systems that will enable them to determine which types of clients are most helped by their services. Guidelines are provided for designing the input, analysis, and output components of an information system. The need for standardized and continuous input and continuous output is emphasized. Descriptions of the types of client information needed cover the classification of demographic information, the categorization of the client's problem, coding of information, a four-point scale for rating client satisfaction, and goal attainment scaling. The use of community-based followup questionnaires and the numerical expression of evaluative information are also covered. The analysis of data through computer systems or punched cards is briefly discussed. Tables, forms, and appendices presenting sample classification systems from Statistics Canada and several local agencies are presented. Fifty-two references are listed. Community Service Management Series, Paper no. 1. Report P-79-C-2.

568. Pettygrove, Willa.
California Governor's Advisory Committee on Child Development Programs, Sacramento.
Employer Sponsored Child Care: Four Issues Papers.
Sep 81, 76p
SHR-0009505 Available from Governor's Advisory Committee on Child Development Programs, 1600 Ninth Street, Room 105, Sacramento, CA 95814.

These four papers address the following issues related to employer-sponsored child care: the planning of successful systems, economic incentives, parent choice and involvement, and child health and child care. Three basic approaches to employer-sponsored child care are the use of flexible employment policies to permit families to meet more of their own child care needs, the purchase of care for employees, and the support of community child care resources. Variables to consider in planning employer-sponsored child care include the characteristics of the work force, local conditions, and employer readiness. Employer sponsorship of child care can lower the cost of the service to the parents and ensure adequate funds so that program quality is improved. Such a program also provides indirect social and monetary benefits for the employer, for others in the work force, and for the community as a whole. For employees, employer-sponsored child care can reduce the difficulties of finding care out of the home, reduce the impact of child care cost on finances, and ease parents' concerns about the quality and reliability of current child care arrangements. Employers' efforts should include employed parents because parents will be the consumers of whatever service is offered, parent participation can improve the quality of child care, and child care can increase the continuity in childrearing by making it easier for parents to handle both family and work responsibilities. Parents should be involved in the planning and development of child care and should have choices wherever possible. The care of children during mild illness is a growing problem for parents who must be at work and for child care programs, which face scarce resources and prohibitive regulations. Among possible solutions are changes in parents' work patterns; improved design and support of child care programs; and improved coordination between families, child care programs, and health services. Chapter references are supplied. See also related document, SHR-0009507.

569. Piccione, Joseph.
Free Congress Research and Education Foundation, Washington, DC.
Human Services Option: New Funding for the Charitable Sector.
1982, 13p
SHR-0009626 Available from Free Congress Foundation, 721 Second Street NE, Washington, DC 20002.

This paper advocates the Human Services Option (HSO) allowing taxpayers to divert a portion of their tax liability to voluntary human service agencies of their choosing. The specific proposal, originating in California, suggests a 10–percent diversing tax liability. Congress would assure that services are balanced, coordinated, and maintained at proper levels. HSO may fund job training, health care and research, care of the elderly, family and youth services, blighted area development, welfare, and other services. A 5–year phase–in period for the HSO's full implementation is envisaged, beginning with a provision of 4–percent taxpayer liability in the first year and gradually rising to the full amount Congress specifies. Eligibility for HSO funds would be based on Internal Revenue Service tax exempt status and State certification. Policing HSO organizations would be enhanced by the taxpayer interest in the outcome of "their" project. In addition, HSO could be the occasion for establishing new organizations, as people and communities realize that they are now empowered to address their own needs in ways best suited to their own settings. This aspect of individual and aggregate control of money and projects is one of the strongest elements of the plan. Currents in Family Policy.

570. Prince George's County Cost Reduction and Productivity Improvement Program, Upper Marlboro, MD.
101 (Plus) Ways to Squeeze More Out of Your Local Government Dollar.
May 82, 221p
SHR-0009543 Available from The Prince George's County Government, 14741 Governor Oden Bowie Drive, Upper Marlboro, MD 20772.

More than 150 cost–reduction and productivity projects were implemented in Prince George's County, Md., after the passage of a taxpayer–initiated amendment to the County Charter, which froze property tax collections at the fiscal year 1979 level. The program has four major on–going phases: planning and development, testing and implementation, monitoring and evaluation, and adjustment and replication. An initial survey of county departments yielded a baseline of activities and new suggestions for cost curtailments and productivity improvements, classified into 13 overall productivity objectives. This classification covers the areas of consumption and waste, organizational structure, support services and operating costs, worker performance and productive hours, responsiveness to citizens, contracting out and privatization, and control groups and procedures for managing countywide and targeted efforts. Other categories are sick leave and overtime; volunteers and flexible employment alternatives; technological and procedural innovations; management techniques and fees to protect assets and increase revenue; and preventive equipment maintenance, rehabilitation, and recycling techniques. The efficacy of the various strategies within these categories is evidenced by Prince George's County's ability to maintain and improve essential services while lowering the property tax rates, providing additional property tax relief, continuing to provide employee raises, and reducing the bonded

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debt. This program is deemed one of the most comprehensive efforts to date by any local government to cut costs and increase productivity. Individual projects in the listing are identified by title, lead person, lead agency, and other involved agencies, project description, costs and benefits, and implementation issues.

571. Quinn, Robert E.
Center for Productive Public Management, New York.
Symposium on Computers and Productivity.
1979, 90p
SHR-0008878 Available from Center for Productive Public Management, 445 West 59th Street, New York, NY 10019.

This collection of five papers examines some of the issues associated with the effective use of computers in the public sector to improve productivity. Despite computer technology's potential for improving productivity, it has faced problems of personnel, security, privacy, client unrest, and operational failures. Managers can help solve these problems by becoming involved with the development and planning of a computerized system as well as by ensuring communication between its technicians and users. The installation of a computer–aided dispatch system in the San Diego Police Department illustrates the need to review all aspects of a communication system rather than just the computer technology when considering such a system. Nine characteristics of desirable performance measures for a complex organization are discussed. Conflicts that may result from the application of these various measures are examined. The use of reporting and retrieval systems to aid the retrieval of data from computer files is discussed, using the experience of a Phoenix, Ariz., construction company. The use of judgment mapping, a computerized technique for solving coordination problems in interorganizational situations, illustrates the merging of computer techniques with the techniques of organizational development. In a judgment–mapping exercise, the members of each organization express their perceptions and value judgments about the overall tasks. The judgment maps are then presented to the participants to clarify the dimensions of a complex decision. A forest policy task and a social service planning task illustrate the use of this technique. Footnotes, figures, and book reviews are provided. "Public Productivity Review," v4 n1 Mar 80 complete issue.

572. Ronan, Laura C.
Institute for Health Planning, Madison, WI.
State Health Care Cost Containment: A Review of Strategies.
Jul 82, 59p
SHR-0009613 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

A variety of State efforts exist to control health care costs, most notably Medicaid regulations, alternative delivery systems, and private health insurance regulation. An overview of health care cost containment problems covers current Federal policies favoring deregulation and State initiatives, the impact of the certificate–of–need process, and State legislation to enhance competition in the health care market. Ways that States have altered the structure of the Medicaid program to contain its costs are reviewed, emphasizing that States generally use administrative means to cut costs rather than change eligibility criteria. Moreover, recent loosening of Federal regulations as a result of the Omnibus Budget Reconciliation Act of 1981 (OBRA) have opened new avenues for States seeking cost effectiveness. This discussion also addresses hospital reimbursement, home and community–based services, the beneficiary's freedom of choice and the prudent purchaser waiver authority provisions of OBRA, prepaid health plans, Medicaid demonstration projects, and industry concerns that State strategies are merely shifting costs to private payers. The report details State actions to promote alternative delivery systems, such as health maintenance organizations and alternatives to deinstitutionalization. Current trends in State regulation of private insurers are described, although the report notes that States cannot change Federal tax incentives, which support the private insurance industry and its expanded system of coverage. Other cost control methods examined are licensing practices, financing medical education, legislation to legitimize the use of paraprofessionals, and consumer education. References are provided.

573. Rosenfeld, Alan S.
University Health Policy Consortium, Boston, MA.
Home Health Services and Long Term Care: A Two-State Comparison.
Apr 82, 38p
SHR-0009551 Available from The Florence Heller School for Advanced Studies Social Welfare, Brandeis University, Waltham, MA 02254.

Comparative data from two States reveal their experiences with different reimbursement policies for home health service. New York represents an expanded inclusion of home health care under long-term care reimbursements, while Massachusetts policies retain traditional Medicaid obstacles to receiving benefits after an acute episode of an illness has passed. The analysis, focusing on the general effect of policy changes across agencies, indicated that changes in Medicaid policy encouraging the use of home health aid service as a long-term maintenance program, were effective in obtaining treatment for persons at greater risk of institutionalization. Differences in Medicaid reimbursement policies have a more general impact on the overall caseload and pattern of care provided in the home health care system. The findings have both theoretical and policy relevance in terms of program and policy implementation, understanding service networks, and professional organizations. In order for community-based, long-term care programs to affect the desired reduction in institutional care, it is necessary to modify Federal regulations by requiring certification of home health aide services by narrowing or eliminating reimbursement differences for identical services under public reimbursement programs, and to alter Medicare eligibility requirements to ease eligibility for long-term maintenance care. Tables and 27 references are given. Definitions of terms are appended. Discussion Paper DP-43. Author abstract modified.

574. Rude, Carolyn D.; and Aiken, Pamela A.
Texas Tech. Univ., Lubbock. Research and Training Center in Mental Retardation.
Advocacy in Residential Programs.
1982, 238p
SHR-0009539 Available from Research and Training Center in Mental Retardation, Box 4510, Texas Tech University, Lubbock, TX 79409.

This book presents information on residential programs for persons with developmental disabilities, relevant patient rights and care standards, and specific advocacy strategies. Each of the 12 chapters is by a different author with expertise in the area. The introductory paper discusses the goals of advocacy and problems encountered by developmentally disabled persons who live in all types of institutional settings. Subsequent papers detail the operations of a large residential facility for the mentally retarded and community-based facilities such as foster care homes and group homes. Principles of programming in residential facilities are outlined, with attention to normalization, the developmental model, and the behavioral approach to learning. Other chapters explore the legal rights of people in residential programs and the standards and survey procedures of the Accreditation Council for Services for the Mentally Retarded and Other Developmentally Disabled Persons. The following models of advocacy programs are described: the Residential Advocacy

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Project implemented by Illinois in 1978 to serve developmentally disabled persons in the State's public institutions; the Sonoma County Citizen Advocacy, Inc., a coalition of parents and interested community residents; and the pioneer advocacy program developed by the Columbus (Ohio) Development Center. The final papers focus on advocacy strategies, including overcoming barriers to access and data collection. References accompany most chapters. Fourth in a series of Research and Training Center publications designed to assist in the development of advocacy programs and in the training of advocates.

575. Sager, Alan.
Florence Heller Graduate School for Advanced Studies in Social Welfare, Waltham, MA. Levinson Policy Inst.
Some Opportunities and Methods for Promoting More Adequate, Decent, and Equitable Long-Term Care for the Elderly.
Apr 82, 16p
SHR-0009611 Available NTIS PC $6.00/MF $4.00

Long-term care for the disabled elderly can be a service of publicly-funded home care and informal support systems rather than institutions, particularly since the target population is small and thus expanded in-home benefits will not be cost-prohibitive. Nursing home care could be improved through private ownership combined with private or public management, but an adequate home care system that reduces institutionalization is also needed. Several Massachusetts' studies suggest that the existing home care system is functioning equitably and that supportive services help prevent deterioration in clients' medical, functional, and emotional well-being. Moreover, families have continued to provide a substantial amount of help to persons who were receiving weekly publicly-paid home care from their home health agency or under the State's generous homemaker program. Improved Federal funding for home care services should be accompanied by efforts to mobilize greater amounts of unpaid help on behalf of disabled citizens. The young and newly-retired elderly who have much spare time could be used in this program, which would focus on congregate housing developments or other concentrations of senior citizens. Records would be maintained of the time contributed by individuals for hour-to-hour return or placed in an insurance pool. Those who refused might be ineligible for public long-term care benefits. References are included. Presented at the National Conference on Social Welfare, Boston, Massachusetts, April 28, 1982.

576. Salisbury, Philip S.
Illinois Dept. of Public Aid, Springfield. Research and Evaluation Section.
Methodology for Evaluating Program Impact in Human Services.
Jul 82, 26p
SHR-0009610 Available from State of Illinois, Department of Public Aid, Research and Evaluation Section, 316 South Second Street, Springfield, IL 62762. Attn: Philip S. Salisbury.

Research and evaluation are focused on reducing the level of uncertainty in drawing conclusions from observations and data. This paper presents a methodology for improving the level of certainty that can be expected in research and evaluation activity. The methodology can be applied to the evaluation of special projects, organizational units, and individual caseloads. It includes a method of characterizing the movement of a client cohort over time by making it possible to compare an experimental and a control group or two or more comparison groups on factors such as time on program, closure status, and qualitative service or service outcome measures. The paper discusses the process of group or cohort selection and presents five different methods of developing data for constructing comparison curves. The system can be manual or it can use computer resources; sample test statistics are presented. Data from this method can be used in calculating cost savings and time and in developing benefit–cost formulations. Graphs, tables, and nine references are supplied. Author abstract modified.

577. Salkind, Neil J.; and Haskins, Ron.
Negative Income Tax: The Impact on Children From Low-Income Families.
1982, 16p
SHR-0009581 Pub. in Jnl. of Family Issues v3 n2 p165-180 Jun 82.

This paper describes the effect of four negative income tax experiments on the health and educational status of children from low–income families. The negative income tax approach gives families earning below a certain level a direct grant or guaranteed allowance that can be allocated as they wish rather than spent under constraints posed by traditional welfare programs. In the last 10 years, this concept has been tested in cities in New Jersey, rural areas of Iowa and North Carolina, and Gary, Ind. Families were paid cash grants monthly, interviewed on a quarterly basis, and compared with a control group. A fourth project—the Seattle, Wash. / Denver, Colo., Income Maintenance Experiment—has introduced an additional dimension by planning to collect data from families at 3–year, 5–year, and 20–year intervals. Summaries of these experiments cover differences in sample populations and variables studied. Overall, the experiments revealed the following advantages of a negative income tax: reduced administrative costs, establishment of a horizontal and vertical equity in the direct aid to those who need it, an increase in individual autonomy, increased school attendance and performance, decreased incidence of low birth weight, and increased consumption of nutritious foods. Disadvantages were increased psychological stress, increased unemployment in the sector that administers existing programs, a costly overhaul of the current welfare system, and the fact that the idea is repugnant to many taxpayers and may be politically untenable. Benefits and weaknesses in the present welfare system are discussed, along with methods of implementing the negative income tax. Tables and references are included.

578. Salloway, Jeffrey Colman.
Health Care Delivery Systems.
1982, 153p
SHR-0009417 Available from Westview Press, Order Dept., 5500 Central Avenue, Boulder, CO 80301.

This monograph offers an introduction to health care delivery systems to students and professionals in the health care occupations. It views the health care delivery system as a reflection of the society as a whole, interprets the U.S. health care delivery system within the capitalistic social structure and value system, and considers the existing health care delivery system as but one of many means of distributing health care. Within this framework of assumptions, health care delivery systems and individual behavior are discussed, foundations of the health care delivery system are reviewed, and the flow of money is outlined. Power and decisionmaking in health care delivery are traced, and motivation and control of patients and service providers are analyzed. The conclusion assesses the future of health care delivery in the United States in terms of changes and trends in domain assumptions, money flow, power and decisionmaking, and motivation and control of both patients and professionals. It is concluded that the U.S. health care delivery is at a crossroads, with the populace in the process of choosing whether health care will be a right of all citizens, a right of all citizens who are in specific age and income categories, or a privileged opportunity only for those who can afford it. Regrettably, a conceptualization of this choice remains to be made, as does the formulation of a coherent policy to meet the chosen goals. Tables, graphs, chapter references, a list of readings, and an index are provided. Behavioral Sciences for Health Care Professionals Series.

579. Seymour, Scott; and Howard, Dick.
Council of State Governments, Lexington, KY.
Simplifying Federal Grant-in-Aid in Arizona and Kentucky.
Jan 80, 15p
SHR-0008923 Available from Order Department, Council of State Governments, PO Box 11910, Iron Works Pike, Lexington, KY 40578.

This monograph discusses projects in Arizona and Kentucky that have demonstrated the potential for joint funding in simplifying grant administration and providing a more comprehensive and coordinated approach to service planning. Regulations issued by the Office of Management and Budget (OMB) in 1976 relating to the 1974 Joint Funding Simplification Act are summarized, and reasons for the low level of joint funding activity are outlined. OMB and the General Accounting Office, however, have recommended the continuation of joint funding because of its potential benefits and the success of a few demonstration projects. In Arizona, the following groups have participated in a joint funding effort for 5 years: the governor's office represented by its Office of Economic Planning and Development; State agencies responsible for social security, transportation, health services, and justice; councils of governments in six planning districts; and several Federal agencies. The description of this project covers agencies; reasons for joining, problems encountered, and the flow of grant funds. Kentucky has a similar group of organizations in its joint funding program: the Department for Local Development; 15 Area Development Agencies; Federal agencies; and State agencies handling social service, justice, energy, and transportation matters. The responsibilities of these participants are detailed, along with application, funding, and implementation procedures. The advantages of joint funding are discussed, such as improved coordination among State planning agencies, reduced paperwork, and standardized grant funding cycles. The paper concludes with suggestions for effectively implementing a joint grant funding effort. A 1979 policy statement from the Board of the Council of State Governments on grant consolidation and simplification is appended. Innovations monograph series, RM-682.

580. Shea, Susan; and Dodson, Richard.
Berkeley Planning Associates, CA.
Establishing Policy in the Special SSDI and SSI Vocational Rehabilitation Programs.
Feb 80, 46p
SHR-0009467 Available from Berkeley Planning Associates, 3200 Adeline Street, Berkeley, CA 94703.

This analysis of two special Federal vocational rehabilitation programs (Beneficiary Rehabilitation Program and the Supplemental Security Income–Vocational Rehabilitation Program) for disabled persons concludes that the primary barrier to the programs' success is the disincentive to work imposed by the benefit structure. This conclusion was based on a review of previous studies and recommendations regarding the programs, case studies of 8 State vocational rehabilitation agencies, interviews with over 300 clients served in the 8 State agencies, and an analysis of all State vocational rehabilitation agencies in fiscal years 1975 and 1976. The two programs offer the same services as the basic Federal–State vocational rehabilitation program. However, they serve a selected group of clients in the expectation that their rehabilitation will lead to the termination of disability benefit payments to them and thus to a net savings to the Federal Government and the Social Security Trust Fund. Although many people feel that the two programs are in trouble, many improvements have been made. Removing client disincentives to work must be the first priority for action, because these disincentives are the root of much of the programs' problems. However, this requires legislative change, which may not occur quickly. Several other steps can be taken to improve the programs' performance in the face of the existing disincentives. For example, the Social Security Administration should conduct experiments with alternative benefit structures and should offer ongoing training to counselors in benefit structure and rules. Additional recommendations and a list of 42 references are provided.

581. Shimberg, Benjamin; and Roederer, Doug.
Council of State Governments, Lexington, KY.
Occupational Licensing: Questions a Legislator Should Ask.
Mar 78, 29p
SHR-0008921 Available from Order Department, Council of State Governments, PO Box 11910, Iron Works Pike, Lexington, KY 40578.

This booklet outlines issues that should be considered in deciding whether State governments should regulate an occupational group, discusses the content of such legislation, and describes three States' experiences with licensing problems. Requests for licensure rarely come from consumers, but from occupational associations who wish to establish a monopoly in their service field. Guidelines for occupational regulations emphasize that the State should first determine if the regulation meets a public need and then explore other regulatory approaches short of licensing, such as registration or certification. Suggestions regarding the provisions of a licensing law cover coordinating with existing statutes, relating requirements for entry into a profession with safe and effective practices, giving out-of-State applicants fair access to the credentialing process, and methods to monitor the continued competence of licensed practitioners. Other areas addressed include involvement of the public in the regulatory process, complaint investigation procedures, evaluation of applicants, disciplinary reviews against licensees, administrative structure, and financing mechanisms. A checklist is provided that legislators and other interested groups can use to determine whether a need for regulation exists and what mode of regulation would be most appropriate. Case studies examine the California Public Member Act, which requires licensing boards to include public representatives, processes for screening occupational groups seeking regulation developed in Minnesota and Virginia, and the California experimental health manpower projects that waive licensing laws for certain training programs. Six footnotes and 25 references are included. RM-635.

582. Sigelman, Carol K.; Parham, Jerry D.; and Richards, Laurel.
Independent Living Research Utilization Project, Houston, TX.
Independent Living and Mentally Retarded Persons: The Role of Independent Living Programs.
Aug 81, 28p
SHR-0009415 Available from The Independent Living Research Utilization Project, PO Box 20095, Houston, TX 77025.

This monograph discusses how independent living programs (ILP's) can benefit mentally retarded adults, with attention to trends in the mental retardation field that support independent living and problems that have emerged as efforts to foster independence have proceeded. A review of the needs of mentally retarded persons is followed by a history of the service delivery system. Recent trends are examined in detail, including community residential alternatives resulting from deinstitutionalization, respite care, homemaker and nursing services, educational programs, and advocacy services. A summary of problems encountered by these activities addresses inadequate funding, fragmentation of the delivery system, lack of quality control, and negative community reactions. Also considered are the unavailability of community resources for the deinstitutionalized mentally retarded, inadequate family support services, and underutilization of effective training technologies such as behavior modification.

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The independent living concept incorporates goals that are consistent with guiding ideologies in the mental health field—normalization and filling gaps in the service delivery system. Suggestions for promoting ILP's for the mentally retarded emphasize establishing close links with the existing service network and conducting a needs assessment. Additional roles that ILP's can play are identified, including consulting and advocacy. Finally, the paper explores potential benefits of relationships between physically and mentally disabled persons, the vocational rehabilitation agency's function, and involvement of mentally retarded individuals and their families in ILP's. Notes are included, and about 35 references are appended. Issues in Independent Living series.

583. Slavin, Simon.
Applying Computers in Social Service and Mental Health Agencies: A Guide to Selecting Equipment, Procedures and Strategies.
1982, 184p
SHR-0009567 Available from The Haworth Press, Inc., 28 East 22nd Street, New York, NY 10010.

This special issue contains 11 essays on the selection of computer equipment and strategies for social service and mental health agencies. An introductory paper discusses the benefits that computers can bring to administration and clinical practice and ways to overcome professional resistance. Subsequent articles review strategies for information system development, describe the role of the management information system (MIS) in human service management, and provide guidelines that permit mental health managers to determine the current growth stage of their MIS environment. The unique contribution made by the small computer is detailed, and projections are suggested for future developments in this rapidly changing area of technology. The final group of papers focuses on special applications and case studies of computer utilization. A decision support system to increase equity in home supportive services is described, as is a pilot project to integrate clinical and financial records in a community mental health center. A comparison of information system development between a county human service agency and a corrections agency covers the impact of differing organizational structures and target populations on the system design and ways that computers can enhance worker–client interactions. Other articles detail a working information system established in a Los Angeles casework agency and highlight the advantages of Hierarchical–Input–Process–Output (HIPO) diagrams over flowcharts. A selected bibliography is provided. "Administration in Social Work," v5 n3/4 Fall/Winter 1981 (special issue).

584. South Carolina State Reorganization Commission, Columbia.
Human Services in South Carolina: A Report on the York County Demonstration Project.
19 May 82, 126p
SHR-0009506 Available from State Reorganization Commission, Suite 228, PO Box 11488, Columbia, SC 29211.

This document reports the midpoint status of developing an integrated services system at the local level in York County, S.C. Established by law, the York County Demonstration Project is designed to demonstrate a more efficient and orderly manner of human service delivery by improving the availability, quality, and cost-effectiveness in providing certain health and social services. The report discusses eight major project objectives to be accomplished within a 3-year period (1980 to 1983) and documents the progress that has been made toward achieving them. The objectives covered concern the establishment of (1) a coordinated transportation system, a colocation model, a common taxonomy, and a streamlined case management system; (2) a set of standard purchase of service criteria, a comprehensive program evaluation plan, a consolidated needs assessment, and a set of unified planning guidelines; (3) a unified budget and budgeting process; and (4) a local resource allocation system. The objectives also involve a simplified and coordinated joint funding process; a standardized unified accounting system; a unified, automated client tracking and monitoring system; and a standardized, unified audit process. In addition, the report presents analysis and documentation of the current problems of human service administration and delivery in York County. These problems include planning and budgeting deficiencies, a duplicated and inaccurate reporting and information system, the need for more effective client tracking and monitoring and better program evaluation, and a lack of standardization in accounting and finance practices and procedures. Constraints that have limited the Project are discussed. Tables, exhibits, charts, and diagrams are provided. Appendices include a history of the Project, the enabling legislation, an overview of the participating agencies, and a general description of the organizational and functional structure of the project. Author abstract modified.

585. Streib, Gordon F.
Florida Univ., Gainesville. Center for Gerontological Studies and Programs.
Programs for Older Americans: Evaluations by Academic Gerontologists.
1981, 268p
SHR-0009545 Available from University Presses of Florida, 15 North West 15th Street, Gainesville, FL 32603.

This book provides case material on a variety of issues related to gerontology and can be used as a study text or reference by students and practitioners of gerontology, sociology, and social work. The contributors' illustrate how the theoretical can be adapted to reality and applied in program implementation. Covered are a wide range of concerns including needs assessing, resources tapping and pooling, and agency staff training. Cross–cultural consultation problems are illustrated by a program attempting to alleviate conditions for aging American Indians. One essay describes the Research Fellowship Program of the Gerontological Society; another discusses negotiation of a research contract and the terms of the agreement. Interagency relations and the aging network are explored through a Kansas case example. Use of a telephone survey for quick assessment of a situation is illustrated by an effort that ascertained the energy needs of an area's elderly population prior to the onset of winter. Other articles report the development of a regionwide system on aging and the relationship of the area agency on aging and public management of human resources in aging. Regional gerontological training and techniques for bridging the gap between academics and the real world are the two concluding topics. Tabular data and references are included with individual articles. Appended is a listing of research fellows of the Gerontological Society of America, 1974 to 1980. Volume 1, Research Series, Center for Gerontological Studies.

586. Streib, Gordon F.; and Folts, William E.
Florida Univ., Gainesville. Center for Gerontological Studies.
Shared Living Arrangements for the Elderly: An Evaluation.
Jul 81, 68p
SHR-0009486 Available NTIS PC $9.00/MF $4.00

This paper evaluates shared living arrangements among nonrelated elderly individuals who do not wish to live alone or do not need institutionalization, based on data collected from Share–A–Home in Winter Park, Fla., and similar organizations in other States. In the Share–A–Home concept, senior adults share a household and divide equally the expenses of running it. A manager and staff are responsible for all housekeeping tasks and transportation for residents, but no medical care is included. This study first observed and gathered information from several Share–A–Home facilities in

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Florida and then sent questionnaires to 48 other shared living projects regarding their sponsorship, types of buildings, zoning regulations, and licensure. The results showed a wide geographical distribution with over half concentrated in Florida, New York, and Maryland. The 37 usable responses indicated that church and civic groups were most active in sponsoring alternative living arrangements. The survey also revealed that 54 percent of the projects were not licensed and that most homes were located in residential neighborhoods. Residents generally chose the shared living option because other alternatives were unavailable or unacceptable. They appeared to view the facility as a less costly alternative to living independently, and most expressed a favorable attitude toward the arrangement. Although it was difficult to define a shared living facility precisely, the most significant element was the noninstitutional nature of the units. Scheduling of activities was avoided, and residents were involved in decisionmaking processes, such as planning menus. Staffing patterns were aimed at providing an atmosphere that was more independent than an institution and more supportive than living alone. Tables and about 40 references are included. Author abstract modified.

587. Sykes, Thomas M.
Washington State Dept. of Social and Health Services, Olympia. Program Research and Evaluation Section.
Evaluation of the Community Corrections Pilot Project.
Feb 82, 39p
SHR-0009480 Available from Department of Social and Health Services, Office of Research, OB-34A, Olympia, WA 98504, order number 02-14.

Results of an evaluation of the Community Corrections Pilot Project, undertaken in five counties in eastern Washington State, are presented. The project took place in Asotin, Benton–Franklin, Spokane, and Walla Walla. Starting in January 1980, the project demonstrated local initiatives to develop coordinated community services for juvenile offenders, using county, State, and Federal funds. The evaluation began in April 1981 and examined the project's impact at the conclusion of its first 18 months of operation. Three performance measures analyzed the project's outcome: commitment rates to Division of Juvenile Rehabilitation (DJR) institutions in the participating communities, compared to statewide rates; recidivism among clients of coordinated services in the five counties; and comparative cost analyses of community and institutional care for committable middle offenders. The evaluation examined major program issues dealing with setting priorities in the development and funding of community programs, establishing some balance between autonomy and control in the relations between DJR and county juvenile court services, and establishing a connection between services that are provided and the levels of criminal involvement of the offenders being served. The evaluation found that the project reduced the DJR commitments of offenders in the target population as well as commitments in general and that confusion existed about the kinds of programs that had priority and the data necessary to ensure accountability of State funds. The evaluation recommends that DJR develop a clear policy stating that State and Federal funds for local programs are mainly for committable offenders and that program guidelines specify rewards for compliance and sanctions for noncompliance. Footnotes, tables, and appended data are included. Author abstract modified.

588. Turner, S. Michael; Mason, Winifred R.; Bean, Shirley L.; Belcher, Sarah H.; and Conner, Geraldine L.
Parents' and Children's Services of the Children's Mission, Boston, MA.
Parental Stress Telephone Counseling Service: Project Report, June 1, 1979-May 31, 1981.
1981, 91p
SHR-0008897 Available from Parents' and Children's Services of the Chil-

dren's Mission, 329 Longwood Avenue, Boston, MA 02115.

This report describes the purpose, operations, and results of a telephone counseling service aimed at preventing child abuse and neglect in Massachusetts. The Parental Stress Telephone Counseling Service began a 2-year pilot period on June 1, 1979, and became an ongoing service program of Parents' and Children's Services of the Children's Mission in Boston in June 1981. The service consists of a 24-hour tollfree service that is available statewide 7 days a week. The telephone line offers an immediate response to parents in crises who need counseling and preserves the anonymity of those who wish it, thus reaching many isolated individuals who tend to ignore traditional services in their communities. The Parental Stress Line is staffed by a corps of trained volunteer counselors who are supervised by a full-time paid administrator. Social workers provide consultation and supervision to the administrator and the volunteer counselors as well as training for the volunteers. The volunteers use reflective listening as their basic counseling technique. Most calls are received from parents experiencing stress, couples with marital difficulties, and persons needing information and referral. The service received almost 2,951 calls in its first year and 8,104 calls in its second. Evaluation studies revealed that the service reaches the persons for whom it was designed. A cost-benefit analysis suggested that the service is a cost-effective response to families in stress. Expansion of the program is being explored. Other communities should be able to establish similar programs. Tables, footnotes; and appendices listing program staff and presenting program materials are provided.

589. Ukeles, Jacob B.
Doing More With Less: Turning Public Management Around.
1982, 310p
SHR-0009469 Available from AMACOM, American Management Associations, 135 West 50th Street, New York, NY 10020.

This volume is intended to help managers of State, city, and local government manage public services effectively despite dwindling Federal assistance and economic uncertainty. The author has directed major programs for State and local governments and nonprofit organizations and served on the team assembled to rescue New York City from possible bankruptcy. Techniques for adapting many of the concepts and methods used by large private companies are described to show how government administrators can deliver better services at lower cost and can increase revenues without increasing taxes. Emphasis is placed on the problems and opportunities of management improvement in the larger central cities of the midwest and northeast. The advice covers ways to reduce delinquent payments and increase collections, reduce overtime and operating costs, improve investments and yields, and streamline operations without sacrificing services. Additional guidelines cover ways to increase police protection without adding any costs, obtain support from the private sector, and cushion the impact of collective bargaining and increase managers' freedom to manage. A discussion of techniques for building the capacity for management improvement into the government focuses on the development of managers who are committed to self-improvement, the training of managers in better management, and the establishment and staffing of organizations with expertise in operational improvement. Emphasis is placed on approaches that will work in the political environment of decisionmaking in the public sector. Figures and an index are provided.

590. Waddell, William C.
Overcoming Murphy's Law.
1981, 296p
SHR-0009422 Available from AMACOM, A Division of American Management Associations, 135 West 50th Street, New York, NY 10020.

590.

The text shows managers that by becoming proactive they can drastically decrease the incidence of Murphy's Law ("If anything can go wrong, it will"). By adopting the attitude of a builder they can learn how to set goals; how to set up the right kind of organizations to achieve these goals; and, most important, how to select, develop, and motivate the people who will make those goals a reality. The text outlines failures of traditional planning, suggests eight steps in successful planning, and outlines the systems approach. It examines the needs of employees in general, of professional employees, and of women in terms of the need for identification, for commitment, and for autonomy. It describes how managers can take a leadership position through reinforcing their personal self-image, setting and using personal goals, controlling their time, and influencing others. The text emphasizes that the heart of the manager's job is building, or increasing the firm's assets. Increasing the tangible worth of an organization is described as being achieved by improving an attribute and establishing its value. The text outlines nine areas for building and describes how to be a builder (have the attitude of a builder, focus on contribution and accomplishment, expect success, maintain standards, use pride, etc.). The text describes how to build knowledge, how to create responsibility for accomplishment, how to set goals, how to develop a strategy and a plan for the organization, how to organize for achievement, and how to improve productivity. It also describes how to handle change, how to achieve consistency and flexibility, how to introduce change, and how to manage conflict. Finally, the philosophy and practice of a management by objectives (MBO) program are outlined, with attention to how to start an MBO program, how to integrate goals and objectives into the program, how to review it, and how to integrate the MBO program with other programs. Footnotes, an index, charts, and tables are provided.

591. Weber, Jerome A.; and Wallace, Giovannina Ferrante.
Northern Kentucky Mental Health-Mental Retardation Regional Board, Inc., Covington.
MAC Senior Center (a.k.a. Senior Life Center).
1982, 86p
SHR-0009618 Available NTIS PC $10.50/MF $4.00

A senior services project was begun in northern Kentucky to aid elderly adults to maintain themselves in the community and to lead satisfactory lives. This report evaluates the project's operations in both rural and urban areas of the State and compares them to the Salvation Army day care project. The senior services include social reinforcement activities, psychiatric services, health care education, counseling, and social service support. It was centered in Covington, Ky., but also served rural clients at meal sites throughout northern Kentucky. The project was evaluated with the Older American Resources and Services (OARS) instrument, a multidimensional functional assessment questionnaire. Each day care project surveyed statistically failed significantly to influence the clients' functional well-being as compared to persons not receiving treatment. These findings suggest that both the senior services project and the Salvation Army day care must reexamine their goals and methods. However, flaws in the OARS make it difficult to judge the programs' overall effectiveness. The senior services project successfully intervened in the lives of most of its at-risk clients, but the OARS failed to demonstrate the program to be significant in relation to its goals. Tables and 11 references are included. Appendices present the OARS questionnaire, evaluation findings, codes used, and other information. An Administration on Aging Model Project, Oct. 1, 1978-Sept. 30, 1981.

592. Welfare Research, Inc., Albany, NY.
Comprehensive Adolescent Services: The Challenge of Complexity.

Mar 82, 36p
SHR-0009397 Available from WRI, 112 State Street, Albany, NY 12207.

This report discusses the special tasks that comprehensive service programs for adolescents need to accomplish in order to become stable, adaptable, financially secure, and effective. It was based on a 1980 survey of over 40 knowledgeable individuals in the field. Tasks identified by those interviewed were organized into nine areas: planning, funding, fiscal and client data needs, establishing linkages to community agencies and institutions, internal coordination, governance, staff resources, community relations, and geographical location. Study participants emphasized that an agency director must be creative about developing a program offering many different services and that participation of adolescents, parents, and community residents can enhance planning and programming. Funding strategies included multiple funding, demonstration grants, third party reimbursements, and no-cost resources such as volunteers. Other common strategies for promoting integration were interdisciplinary case conferences, advisory boards, and maintaining a good image and visibility in the community. Some approaches responded to local conditions, such as hiring staff from the neighborhood to overcome language problems and provide positive role models. Other methods involved coordination of many programs through networks or consortiums. Survey respondents indicated that social, political, and economic factors also affected comprehensive programs. For example, categorical funding has presented some administrative difficulties but also has enabled programs to provide services to youths that otherwise would not have received attention or resources from the human services system. Three references and a description of the survey methodology are appended.

593. Welfare Research, Inc., Albany, NY.
Comprehensive Adolescent Services: The Planning Guide.
Mar 82, 97p
SHR-0009398 Available from WRI, 112 State Street, Albany, NY 12207.

This guide outlines the major steps in planning a comprehensive community-based service program for adolescents. It was based on data collected from surveys of over 150 programs. Following an overview of the issues and planning phases, the section on setting goals details a method for categorizing the range of services that can be offered, such as social adjustment counseling, family support, and employment training. In addition, six different models of adolescent service programs are described with examples. The guide then discusses needs assessment methodologies, with attention to the survey approach, as well as the identification, inventory, and analysis of resources usually conducted at the same time. When an assessment reveals unmet needs, an agency must decide to expand its own organization or develop cross-agency linkages. Ways of meeting such needs through direct service, purchase-of-service agreements, or referral are examined, as are different types of linkages among community agencies. The final chapter focuses on organizational matters that should be considered when planning a comprehensive program, including board membership, staff background, youth participation, and sponsorship. Diagrams and seven references are provided. The appendices contain a taxonomy of services for adolescents, additional data on the six service system models, and a self-assessment survey questionnaire on youth problems.

594. Welfare Research, Inc., Albany, NY.
On-Site Day Care: The State of the Art and Models Development.
Feb 80, 84p
SHR-0009318 Available from Empire State Day Care Services, Empire State Plaza, Agency Bldg. No. 2, 12th Floor, Albany, NY 12223, Attn: Molly Hardy.

This report explores the status of day care centers located on the workplace and outlines various types of employer–supported day care. Data were gathered through a comprehensive literature search using data base bibliographies and other sources and questionnaires completed by onsite day care centers. This review uncovered renewed corporate interest as well as grass roots pressures for onsite care, State and Federal legislative initiatives, and important new research on the topic. Trends in onsite day care are summarized for France, Denmark, Sweden, Cuba, the Soviet Union, and other Eastern European countries. The discussion of industry–sponsored day care in the United States emphasizes that the development of these facilities correlates with historical periods of high demand for female labor. Centers currently operated by four companies are described. The report then examines onsite centers operated by hospitals, Federal agencies, New York and California State agencies, the military, and institutions of higher education. Variables associated with success, employer issues, and parent concerns are examined. The following types of employer–supported day care are described: the onsite centers commonly serving preschoolers, the offsite center near the workplace that may be subsidized by an employer or operated jointly with a union, and the consortium model where two or more employers establish a center. Short–term supports are also discussed, such as employer contributions to child care centers and innovative scheduling of work hours. Guidelines for a feasibility study on establishing an onsite center are provided, along with charts and references. The appendices contain survey questionnaires, a fact sheet on employer–sponsored day care, and Section 188 of the Revenue Act of 1971.

595. White, Rick.
Institute for Local Self Government, Berkeley, CA.
Community Action Approach to Human Services.
Feb 82, 72p
SHR-0009395 Available from Institute for Local Self Government, Hotel Claremont Building, Berkeley, CA 94705.

This report summarizes and analyzes the lessons of Region IX's Community Action Agencies (CAA's), one of several alternatives for the delivery of human services developed under the Community Services Block Grant. Data collected over 4 years in 17 CAA's across Region IX have produced this report's conclusions about the abilities of CAA's and the viability of the community action approach to human services. Data on these 17 CAA's show that, in general, CAA's have proven abilities in bringing additional resources to focus on low–income persons' needs; have extensive experience in assessing community needs, developing policy, and setting priorities; and have worked to coordinate existing programs to ensure that no gaps in needed services exist. Six possible accommodations to the human services crisis and its challenges to local government are discussed in relation to how Community Action can help resolve this situation. Six essential characteristics of the Community Action approach to human services are delineated. This approach is a block grant approach in that it allows for the local determination of needs and strategies. States now faced with the task of implementing the Community Services Block Grant and designing their own antipoverty program should consider carefully the lessons of the CAA's. Tables and appended materials are provided. Social Policy Series, no. 3. See also related documents, no. 1, SHR-0009393; no. 2, SHR-0009394; no. 4, SHR-0009396. Author abstract modified.

596. White, Stephen L.
Middle Management in Mental Health.
1980, 107p
SHR-0008900 Available from Jossey-Bass, Inc., 433 California Street, San Francisco, CA 94104.

Individual articles in this book address the problems faced by middle managers in mental health services, including personnel supervision, budgeting, and evaluation. A general discussion of role–transition issues involved when a clinician becomes a manager emphasizes that a new self-image must be developed and new skills learned. Critical management tasks that should be accomplished in a mental health program are outlined in a model called PERFORM. A specific skill—administrative supervision—is examined and contrasted with clinical supervision to demonstrate its importance to achieving organizational goals. Other papers review organization theories, offer suggestions on managing the inevitable conflict between professionalism and bureaucracy, and analyze the politics of leadership and daily decisionmaking. The importance of planning and budgeting in middle management is demonstrated by a description of an annual planning-budgeting cycle. The manager's responsibility for monitoring the level of effort and effectiveness of a program is examined, and types of evaluations are detailed. Another article contends that continuing experience in direct service is a valuable asset to managers, even though they face considerable obstacles in attempting to reserve time for clinical work. The final chapter on trends in middle management concludes that professional attitudes and limited educational opportunities mitigate against any rapid emergence of mental health professionals trained in both clinical and managerial work. Each chapter includes references. An index is provided. New Directions for Mental Health Services, a Quarterly Sourcebook, no. 8, 1980.

597. Wilson, Marlene.
Survival Skills for Managers.
1981, 264p
SHR-0008891 Available from National Center for Citizen Involvement, PO Box 1807, Boulder, CO 80306.

This book is concerned with people and what happens to them in today's technocratic, hierarchical organizations. The discussion examines the critical lack of attention most organizations direct toward developing, encouraging, or rewarding creativity and innovation. The creative process is defined in terms of new understanding about the brain itself. Blocks to creativity are explored and strategies suggested to help managers become more creative in spite of living and working in a highly technocratic society. One chapter deals with the common managerial dilemma of solving problem symptoms rather than the problems themselves. Trends that will greatly impact employees of all levels in the decade ahead are examined, and creative and practical methods are suggested that make problem solving fun as well as more productive. An examination of how to make ideas happen (power and negotiations) covers concepts in defining and understanding the various kinds and levels of power within organizations. Moreover, the process of negotiating is examined as one involving strategizing to persuade others to agree to needed change. Next, the complex dynamics of conflict in interpersonal relationships and between groups in organizations are explained, and practical tools are presented to help managers understand and handle conflict more effectively. A chapter on stress management examines the causes and results of stress and suggests concrete coping strategies. The final chapter critically examines the time traps and time wasters, since time is the vital ingredient for accomplishing all other managerial survival skills. This discussion explains the necessity for planning daily activities in terms of personal "life goals" and suggests practical methods to help determine one's best use of time. Tables, diagrams, chapter references, and appended materials are supplied.

598. York, Reginald O.
Human Service Planning: Concepts, Tools, and Methods.
1982, 228p
SHR-0009546 Available from The University of North Carolina Press, PO Box 2288, Chapel Hill, NC 27514.

Both students and human service managers are provided an overview of the human service program planning process as well as an examination of specific methods and tools that have been helpful to others in the field. Numerous concepts, methods, and tools from a range of sources are analyzed in the effort to enhance human service program decisionmaking that is based on rational criteria and incorporates the technology necessary for meeting the accountability challenge. The book examines the accountability crisis and its impact upon the related concepts of planning and decisionmaking. Program planning is defined in the context of social planning. The basic tasks associated with all phases of the program planning process from problem identification to evaluation are explained. Defined are the societal conditions to be altered by program efforts and the assessment of the extent to which any given problem exists as a need in a specified population. Types of need and related data sources are explored. Goal setting is the subject of a special chapter, which presents a hierarchy of goals and objectives and suggests the nominal group technique for involving people in decisionmaking and the establishing of priorities. Also covered are programming, which involves the practice of identifying service alternatives, and criteria and alternative evaluation designs by which to assess program effectiveness and efficiency. The concluding chapters deal with the concepts, issues, and tools that influence program implementation and with planning as a reciprocal process with interdependent phases and recurring stages. Tables, charts, chapter notes, and over 100 references are supplied. An index is included. Author abstract modified.

599. Young, Dale.
Boston Dept. of Health and Hospitals, MA.
Promise Kept: Boston's Neighborhood Health Centers.
1982, 329p
SHR-0009538 Available from Department of Health and Hospitals, Administration Building, Room 403, 818 Harrison Avenue, Boston, MA 02118.

This report describes how Boston's neighborhood health centers, established in 1965, provide financially accessible, community–based, primary ambulatory care to city residents. The 24 health care centers were investigated regarding their original and present goals and their operation and functions, with special attention to accessibility, organization of care, and financial viability. The impact of health centers and the forces that may shape their future were also assessed. The study used a single point–in–time, cross–sectional design with an abstracting form to collect quantifiable data on staff, service, patient, and financial characteristics and structured, open–ended interviews with each center's medical and executive directors. Health centers were treated as a unit of experience and differences and similarities among them were noted. The findings show that health centers offer comprehensive primary care, make preventive and nontraditional health service available, are well used, and engender patient satisfaction. The centers are accessible, reflect neighborhood character, serve both majority and minority populations and patients of diverse ages, sex, and income. The health centers also serve as community resources: they provide training and jobs for neighborhood residents and arrange for social services provision, recreation, and child care programs. Standards of quality have been met, and health care has been made financially accessible to persons without medical insurance or with limited resources. Tabular data and illustrations are provided. Approximately 340 references are given. Appendices present study instruments.

600. Zimmer, Anna H.; and Mellor, M. Joanna.
Community Service Society of New York. Natural Supports Program.
Natural Support Program: Group Services for Those Caring for Older Persons in the Community. "Caregivers Make the Difference."
Sep 81, 56p
SHR-0009493 Available from Community Service Society, Natural Supports Program, 105 East 22nd Street, New York, NY 10010.

600.

This report describes and evaluates a 3–year project of the Community Service Society of New York City that provided skills training, peer support, and other supportive services to caregivers of the frail elderly. An overview of project activities for each year, 1978 through 1981, is followed by discussion of the services developed for six city areas: in Manhattan—Clinton, the upper east side, the upper west side, and central Harlem; southeast Queens; and Staten Island. The project also provided technical assistance and information to other groups interested in caregivers' problems. A variety of ethnic and socioeconomic populations were represented, including Hispanics, white middle–class elderly, and low–income blacks. Data for evaluation purposes were collected through observations and records on the developmental process, questionnaires completed by caregivers at group meetings, and interviews with 60 participants. These results indicated that ethnic and socioeconomic variables did not affect the caregiver's role, service needs, the amount of stress experienced, nor use of group services. All caregivers expressed a need for home care services for the older person and respite for themselves. Recognition by formal service providers and some minimal help from community resources alleviated caregivers' stress. The project concluded that peer support gained through group participation was valuable, and caregivers attending group meetings were enthusiastic about being part of a caring, supportive group. These self–help groups require minimal ongoing input from the formal service system, although backup services such as counseling and advocacy should be available. Implications of these findings for theory and practice are discussed. The appendices contain statistics on participants' characteristics, lists of training sessions and media events, and about 20 references.

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